



SERVICE REFERRAL/FINANCIAL REQUEST

Date of Request: _____

Is request related to COVID? Yes No

Is this an Early Childhood (EC) request? Yes No

Other funding sources considered? If yes, which one(s)? _____

REQUESTOR INFORMATION | COMPLETE THIS FORM IN ADOBE ONLY.

Name: _____ Agency: _____

Email: _____ Phone: _____

CLIENT/BUSINESS INFORMATION

For EC Requests: Business Name: _____ License No.: _____

Child/Youth Name: _____

DOB: _____ Gender: _____ Race/Ethnicity: _____

Colorado Trails ID#: _____ Case Number(s): _____

Parent/Guardian Name: _____ Parent Guardian ZIP Code: _____

Parent Phone Number: _____ Parent Email: _____

SYSTEM INVOLVEMENT (CHECK ALL THAT APPLY)

DYS Pre-Adjudicated Probation Truancy

DHS D&N DHS Voluntary DHS Prevention (PA3)

CRIMINAL HISTORY INFORMATION (LEAVE BLANK IF IT DOES NOT APPLY)

of Probation Revocations: _____ Current Offense(s): _____

Pending Charges: _____

MULTI-DISCIPLINARY TEAM INVOLVEMENT (CHECK ALL THAT APPLY)

IEP (School) High Fidelity Wraparound (HFW) Individualized Service & Support Team (ISST)

Care Coordination (CCHA) Family Engagement Meeting (DHS) Other _____

SERVICES + SUPPORTS (ATTACH ADDITIONAL PAGE TO LIST MULTIPLE PROVIDERS IF NECESSARY)

Service Start Date: _____ **Provider(s) Requested:** _____

Community Tracking (Courtesy)

EHM GPS

Gang Intervention

Without Boxing With Boxing

Youth Career Navigation

Tutoring Services

Mentoring

Pro-Social Engagement

Psychological Evaluation

Mental Health Evaluation

Mental Health Treatment

Substance Abuse Evaluation

Multisystemic Therapy (MST)

Functional Family Therapy (FFT)

High Fidelity Wraparound (HFW)

Family Support Partner

*Basic Needs Support \$ _____

*Rental/Housing Support \$ _____

Transportation Support

Level of Care Assessment (detained youth only)

Early Childhood Program Support

Early Childhood Workforce Support

Child Care Support

SERVICE TERMINATION (PLEASE CHECK THE SERVICE(S) TO TERMINATE ABOVE)

Service Term Date: _____

*IF APPLICABLE: Term Code: _____ # of FTAs: _____ # of New Charges: _____

SUPPORTING DOCUMENTATION

1. Invoice or other documentation for request to include: payee name, address, phone, email and amount of request. *Signed Lease agreement for current term is required for rental assistance. **Limit one month of rental/housing assistance.

2. W-9 for payee is required. A blank W-9 can be found at: [IRS.gov/pub/irs-pdf/fw9.pdf](https://www.irs.gov/pub/irs-pdf/fw9.pdf)

Please send completed request with supporting documentation to: assistance@jointinitiatives.org

