



FOR KIDS FOUNDATION

The Right Care ... Right Now!

P.O. Box 8222, Reno, NV 89507 775-741-5231

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forkidsfoundation.org

APPLICATION FOR ASSISTANCE

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____

Telephone _____

Describe Child's Need _____

Estimated Cost _____

Professional/Agency Providing Service/Product: _____

Request Submitted by _____ Date _____

On behalf of the child named above, I hereby authorize For Kids Foundation to make all necessary contacts to assist the child in receiving the services requested.

Parent/Guardian _____ Date _____

Request Approved by _____
For Kids Foundation _____ Date _____