



Sierra Association of Foster Families
a 501 (c)(3) tax exempt organization

"Fostering the Future"

Education/Activity Fund Reimbursement Request

Foster Parent: _____

Address: _____

City, State, Zip: _____ Phone: _____

*Please use one form per request, per child.
You **MUST** fill out this form **completely** and attach a **copy of the original receipt** to this form.
The receipt must indicate the payee, the activity and the child's name.*

Last Name of Foster Child First Activity: Date(s) of Activity: Amt Requested:

How will this activity benefit the foster child? _____

How were you referred to the SAFF Education/Activity Reimbursement Fund?
(Please Check One)

- DCFS CPS
- WCDSS Foster Parent
- Support Svc Coordinator
- Other SAFF Staff/Board
- Other *Please explain:*

Name of Worker:

Demographic Data:

Number of Licensed Adults in the Home _____

Number of Foster/ FostAdoptive Children in the Home _____

Number of Non-Foster Children in the home _____

I certify that the request for Education/Activity Funds Reimbursement above meets the guidelines of the Sierra Associate of Foster Families policy and procedure.

Foster Parent Signature

Date

Activity Funds are based on availability.
Please fill out this form **completely** and mail to:
SAFF, P.O. Box 11112, Reno, NV 89510-1112
If you have any questions, please call 828-9977