



REQUEST FORM

Please Print:

Youth Name: Request Date:
Phone: Last Four of SSN: D.O.B. Age:
Address: City: State: Zip Code:
Check payable and mailed to:
DELIVER to CCSS Worker at:
EMERGENCY REQUEST ( YES OR NO):

In Foster Care Youth

Graduation Stipend (Must have Diploma/GED on File and Must have signature of your case worker)

Out of Care Foster Youth

Housing:

1. Rent Stipend (must have copy of lease, school schedule and/or pay stubs):

Month: Amount: \$

2. Fees and Deposits (must have written copy of move in date & fees to move in, school schedule and/or pay stubs):

Move-In Date: Amount:

Stipend (Receipts are required for all funds disbursed):

- 3. Self Sufficiency:
Check (see reason below) \$
Gift Card \$
Gift Card \$
Gift Card \$

- 4. Graduation Stipend:
Check (see reason below) \$
Gift Card \$
Gift Card \$
Gift Card \$

Other:

- 5. Transportation (Buss Pass - Las Vegas area only)
Pass #
6. Emergency Needs

TOTAL REQUESTED: Checks: \$ Gift Cards: \$

Please explain your reason for this request:

Signature of Youth Date Signature of DFS Worker (Required for In-Care Requests) Date
Signature of CCSS Department Designee Date Signature of CCSS Supervisor Required for emergency & pick-ups Date

If the request is denied, you have the right to request an appeal to the decision. Appeals must be made in writing, to Clark County Social Services within 10 days of denial date. (Initial)