



An Operating Agency of the Council of Churches of the Ozarks

627 N. Glenstone - Springfield, MO 65802 - 417-862-3586 (phone) - 417-862-2129 (fax)

**Project Self-Esteem Fund Request  
Greene County Foster Children Only ~ Must be Completed by Caseworker  
Fax to: Sondra Uzzell @ 417-862-2129**

Date: \_\_\_\_\_ Caseworker: \_\_\_\_\_

Caseworker's Phone # & Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Gender: M or F  
Foster Parent(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the requested item(s) improve the child's self-esteem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Plan: Make check payable to: \_\_\_\_\_  
\*\*What merchant/company is providing the service? Checks will not be made payable directly to foster parents without a receipt first.

Plan: Mail check to: \_\_\_\_\_  
\*\*We can mail checks to the Caseworker, foster parent, or merchant. If mailing directly to the merchant, please attach a release of information authorizing Ambassadors for Children to release the child's information to this company for payment purposes.

Caseworker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Ambassadors for Children:

Approval Amount: \$ \_\_\_\_\_ Rejected: \_\_\_\_\_  
Reason for Rejection: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_