



Date Received: _____

Approved: _____ Rejected: _____

Enrichment Fund Application

The program was started to assist youth ages 15 and under who live in DCYF sponsored out of home care to receive money for the purposes that will help a youth better themselves and explore creative programming to enrich their lives. Similarly, requests that will enhance a youth's self esteem, skills, or knowledge, are encouraged. Applications that represent requests more likely to be considered as "presents" or "gifts" are much less likely to be approved.

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security Number: _____

Foster Parent(s): _____

DCYF Worker: _____ Phone Number: _____

Amount requested from the Enrichment Fund: \$ _____

Total cost of what you want to do: \$ _____

If there is a difference, how will you pay the remaining balance? _____

By what date do you need the money? _____

Payments, whenever possible, will be made directly to the store, company, etc. In the event your application is approved, list whom the check(s) for the amount above should be made payable to.

Check payable to:	Amount	For Info: Contact	Telephone Number

Checks will be mailed to DCYF Social Workers, Program Staff, or Foster Parents. An applicant who uses their check for purposes other than those that were approved by the Teen Grant Program will be penalized.

1. Are you in school? If yes, where?

2. Tell us about what you want the money for?

3. Tell us about how this is going to help you achieve your goal, enhance your self-esteem, skills, or knowledge. (This information will be helpful to RIFPA in securing additional funding.)

I certify that the information on this application is true and complete to the best of my knowledge. I give the Rhode Island Foster Parents Association permission to verify any information on this form (including school enrollment) and to obtain additional information about this request from my social worker, foster parent, or advocate, if necessary.

Applicant's Signature

Date

Return this application to:

**Rhode Island Foster Parents Association
Teen Grant Program
55 South Brow Street
East Providence, RI 02914
Phone: 401-431-0557
Fax: 401-438-3901**