Request for Children at Home Funds

Child's Name:	Child's Date of Birth:
Description of Service/Support/Item Requested: Only ***One*** request per form *** Please include order information, size, color, or other needed information to place order**	
Total Cost of Item:	Amount of Children at Home Funds Requested:
Who is to be Reimbursed: Family or Name of Provider and Mailing Address? ***Proof of payment will be required for all reimbursements.**	
How would you like to receive funds? ☐ EFT- Electronic Fund Transfer (for this option please include a voided check) ☐ Check mailed to address on file for reimbursements or Service Provider with Invoice ☐ Children at Home to Purchase item (item shipped to address on file unless noted)	

Professional Statement:

For the above requested service, support, or item to be considered for funding a statement of need will be required from a professional who works with your child and can state the need as it relates to their disability. The next page can be used to complete the professional statement, or it can be submitted on letterhead or directly from the professional's email to iafamilysupportnetwork@everystep.org

Parent Declaration:

I declare the information provided in this application to be true to the best of my knowledge. My family resides in the state of Iowa. My child has a disability, and it is my intent to have my child remain living in my home. Services and supports purchased with these funds will not be used to replace other services or supports available to my family, including Medicaid and the Family Investment Program (FIP).
Parent Signature: **Date:**

Professional Statement:
Each service, support or item will require an individual statement. An incomplete statement may result in the request being denied.

Please ensure the following are included in your statement:

- Your working relationship to the child
- Child's disability
- Behaviors or symptoms related to the disability
- How the requested service, support or item will benefit the child as it relates to their disability and the identified behaviors or symptoms

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Print Name: _____

Title:_____

Signature: _____

Date: _____