



Kinship Program Financial Assistance Application

Section One: Applicant Information

Caregiver Name: _____

Caregiver Address: _____

Caregiver Phone: _____ Caregiver Email: _____

Number of kinship youth in care: ____ Are you a licensed foster parent through OCS?: Yes ____ No ____

Section Two: Requested Funds

Which of the following support funds are you requesting? Select all that apply.

- Purchase of Goods/ Bill Assistance (example: clothing, utilities, rent, phone, etc.)
- Nutrition (example: groceries)
- Legal Assistance (example: birth certificate, state ID filing fee, etc.)
- Minor Home Modifications (example: safety equipment, safety interventions, etc.)
- Equipment/ Supplies (example: school supplies)
- Transportation (example: bus passes, gas vouchers, etc.)
- Other: _____

Amount Requested: \$ _____

Preferred Gas Station/ Store (for gift card use): \$ _____

Provider/ Account Number (for payment): \$ _____

Date Requested: _____ Client Signature: _____

Section Three: Completed by VOA Alaska Staff

- Approved – Amount: \$ _____ Store/Vendor: _____
- Denied – Reason: _____

Date Processed: _____ Staff Signature: _____