

# Sample Child & Family Team Flex Fund/Revolving Loan Request Form

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This is a sample form that can be used by a Child and Family Team to request use of CST/ISP Project funding. Use of Project funds should only be considered after other options have been exhausted, and must be used in conjunction with the Plan of Care.

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

Team: \_\_\_\_\_

Reason/Need: \_\_\_\_\_

\_\_\_\_\_

How will addressing this need help the family accomplish its short or long-term mission? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other funding sources discussed and/or accessed: \_\_\_\_\_

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The request is being made to access:

Flex Funds

Revolving Loan Fund

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

Check Payable to: \_\_\_\_\_

\_\_\_\_\_

Check Memo: \_\_\_\_\_

Send Check to: \_\_\_\_\_

\_\_\_\_\_

Signature of Authorization (Project Coordinator): \_\_\_\_\_

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

# Sample Revolving Loan Fund Repayment Agreement

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A financial assistance loan has been presented and approved by the Child and Family Team for the

\_\_\_\_\_ family to be used for the purpose of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Coordinated Services Project will provide a loan for \$\_\_\_\_\_ This amount is to be paid back in full by \_\_\_\_\_ (date) in \_\_\_\_\_ (weekly/monthly) installments of \$\_\_\_\_\_ which are due by the \_\_\_\_\_ (date) of every \_\_\_\_\_ (week/month). Payments will begin: \_\_\_\_\_ (date).

Checks can be made payable to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions, please contact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I agree with the repayment plan as outlined and will make payments as stated.*

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_