

**Coordinated Services Team (CST) Initiative  
Sample Child & Family Team  
Request for CST Funding to Meet an Identified Need**

---

This is a sample form that can be used by a Child and Family Team to request use of CST 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. Use of block grant funds must meet requirements outlined in the Wisconsin Department of Health Services Allowable Cost Policy Manual.

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: \_\_\_\_\_

---

The request is being made to access:

CST Block Grant 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

---

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: \_\_\_\_\_