



FCFC Community Team Funding Request Presentation Form



Name of Youth: _____ Service Coordinator: _____

If you are requesting Intentional Funding ONLY, please complete an Intentional Funding Program Application. If you are requesting funding for a Family Team, please check that all information below is current and completed (Check all that are completed for this family):

- ☐ FCFC Release of Information
- ☐ FCFC Intake Screening Form
- ☐ Comprehensive CANS Assessment
- ☐ FCFC Plan of Care
- ☐ OhioRISE Enrollment (If checked additional information will be required)

Family Structure:

Name	Age	Gender	Relationship to Youth

Family Information

List **ALL** Services
and Dates of
Service prior to
FCFC:

Please Remember:
FCFC is the payor
of last resort so all
other services
need to be used
first.

Please share the brief
story of this family
and why they need
FCFC Funding:



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Services Requested Information

<p>What services are you requesting for this family?</p> <p>How do these services tie into the goals for the family on the Plan of Care?</p>	
<p>What is the total cost of the services you are requesting?</p> <p>Residential can only be requested for UP TO 90 days of placement.</p> <p>Please provide Amazon links if ordering items online.</p>	
<p>Any other Information that needs to be shared with Community Team?</p> <p>If OhioRISE is involved, please share information such as Case Manager, and circumstances of OhioRISE involvement.</p>	