



Application Date _____

Something Special Fund Application

Something Special applications may ONLY be submitted by County social workers, ILS case workers, city or county agencies, or the Public Defender's office.

Fax to: Promises2Kids – Stephanie Trolinger FAX # (858) 278-1307 or Email stef@promises2kids.org 9440 Ruffin Court, Ste 2 San Diego, CA 92123 Direct phone line (858) 427-1106		
Child's Name	Date of Birth	Case Number
Child in the dependency system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Family receiving services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What does the child need?		
Why does the child need it?		
When does the child need it?		
What other sources of funding have been attempted or received?		
How much is needed? (requests limit to \$75 per child per year)		
Payee (Vendor) Name Mailing Address (Check to be mailed & phone #. Can only be caregiver if pre-approved by Promises2Kids)		
Is this a vendor or individual? * If individual, attached clear documentation.		

Request submitted by (Name & Title)	
Email Address	
Address	
CMS	
Phone	

PLEASE NOTE: * CHECKS NEED TO BE DIRECTLY PAID TO A COMPANY OR INDIVIDUAL.

Only in special occasions with prior approval can we reimburse a foster parent, if this is the case attach an official receipt with this application. This is a privately funded program; all requests are reviewed by Promises2Kids, but not all requests will be granted due to funding or other issues. Requests limited to \$75 per child per year. Please allow 2-3 weeks from the date Promises2Kids receives the completed application and supporting documents for check processing.

Promises2Kids office use only: Approved Denied
 Authorized Representative: _____ Date _____