



Tennessee Foster Adoptive Care Association Inc.

WALK ME HOME ENRICHMENT FUND

APPLICATION

APPLICATION WILL NOT BE CONSIDERED WITHOUT REQUIRED DOCUMENTATION

(see attached instructions)

The Walk Me Home Enrichment Fund has been established for the purpose of supporting families by enriching the lives of children and youth in foster care, custodial kinship care, along with Expedited Kinship Care and in special circumstances, adoptive placements. All requests for financial assistance are to be made by submitting an application, which is located on the TFACA website or by contacting a member of the Walk Me Home Enrichment Fund Committee.

Requests may be made by DCS Foster Parents, Kinship families of children/ youth in custodial care and Private Provider Foster Parents. It is permissible for adoptive parents & Expedited Kinship Foster Parents to make application for assistance; however, these determinations will be made on a case-by-case basis, based on availability of funds and present circumstances. Applications made by or on behalf of biological parents will not be considered.

Funds may only be accessed when all other resources have been exhausted (e.g. flex funding, DHS, TennCare or appeal process if medical need, scholarships, Chafee funds, local association funds, community organizations, civic groups, churches, CAB's, school system, corporations, IL/EFC).

Applications for assistance will be reviewed by the Walk Me Home Enrichment Fund Committee. Determinations will be made on a case-by-case basis, dependent on the individual needs of the child or youth and subject to the availability of funds.

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Submit application to:

TFACA WMH Enrichment Fund Committee / Email: tnfostercare.inc@gmail.com



(see attached instructions)

AMOUNT OF REQUEST \$ _____ Date: _____

Name of person making request: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: (home) _____ (cell) _____

E-mail Address: _____

Name of Foster Parents: _____ (Phone) _____

Address of Foster Parents: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Name of Child/Youth: _____ DOB: _____

Relationship to Child/Youth: _____

Placement Date: _____ DCS Region: _____

Type of Home: DCS Kinship Private Provider Other _____

RPS/Family Worker: _____ Contact Number: _____

FSW/Child Worker: _____ Contact Number: _____

Case Manager: (if Private Provider Home) _____

Contact Number: _____ Agency: _____

Monthly Board or Foster Care Payment: \$ _____ (*required)

Are you a member of Tennessee Foster Adoptive Care Association? YES NO

Are you a member of a local association affiliated with TFACA? YES NO

Have you participated in a Walk Me Home event? YES NO

Have other resources been explored to meet the child/youth's need?

Please check all that apply:

Flex Funding DHS Scholarships Chafee Funds (14 and older) IL/EFC

TennCare/Appeal Process (if medical need) Contract Agency

Churches Local Association Funds Civic Groups School System

Corporations Community Organizations Other (specify) _____

Please attach any receipts for payment if seeking reimbursement of funds.

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(see attached instructions)

Please provide a brief summary stating the reason(s) for your request, including:

- 1) Specific need of child/youth
- 2) Present circumstances
- 3) Dates and cost of need
- 4) Foster Parent contribution to this cost
- 5) How payment should be made (attach receipts if available)

Determinations will be made on a case-by-case basis dependent on the individual needs of the child or youth and subject to the availability of funds.

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INSTRUCTIONS

**APPLICATIONS SHOULD BE SUBMITTED
A MINIMUM OF 3 WEEKS BEFORE FUNDS ARE NEEDED**

Amount of request

Please enter the full amount of the request.

Name of person making request, street, city, state and Zip:

This could be the caseworker, FSW, Foster Parent or Team leader.

Contact Numbers and E-mail address of the person making the request:

We need two phone numbers in case we need to call to clarify information.

Name of Foster Parents, Phone number, Address of Foster Parents (including City, State, Zip, and E-mail address:

This information is important for tracking grants requested and rewarded. Each child will be limited to one grant per year, unless necessity for more is approved.

Name of Child/Youth and DOB:

Self-explanatory

Relationship to Child/Youth:

Is the person requesting the grant a caseworker, foster parent, FSW, or other in relationship to the child/youth? **Applications made by or on behalf of biological parents will not be considered.**

Placement Date:

If the exact date is not known, please use the month and year.

DCS Region:

This is the Region of the Foster Home where the child resides. TFACA is interested in tracking which Regions are using the WMH Enrichment program.

Type of Home: DCS, Kinship, Private Provider, Other

Self-explanatory

RPS/Family Worker and contact number:

Self-explanatory

FSW/Child Worker and contact number:

Self-explanatory

Case Manager: (if Private Provider Home), Contact number and Agency affiliation:

Self-explanatory

Monthly Board or Foster Care Payment:

This section is required. The Committee takes into consideration the necessity of the grant. If the board payment is elevated and the child has been in the home for a while, the committee reserves the right to deny payment or ask for further information

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INSTRUCTIONS

**Are you a member of Tennessee Foster Adoptive Care Association?
Are you a member of a local association affiliated with TFACA?
Have you participated in a Walk Me Home Event?**

Circle YES or NO accordingly. The above questions are important to TFACA. We want to know if you are aware of the support available to you on a local and statewide level. Participation in the Walk Me Home events annually, tells us that you are vested in this program for your foster child. We would recommend that the Foster Parent be able to answer "Yes" to at least one of the three questions.

**Have other resources been explored to meet the child/youth's need?
Please check all that apply:**

The Walk Me Home Enrichment Fund is only assessable after all other resources have been exhausted. Please make sure you have exhausted all other avenues of payment prior to submitting a Walk Me Home Enrichment Fund application. Provide written proof of denied assistance with the application. The committee reserves the right to ask for further information, or deny the request if such proof is not provided.

* **Contract agency** foster home/parents and case managers must have the contract agency consider the request first, as it is part of their responsibility to assist children/youth in extracurricular activities. A letter/email of denial from the contract agency must accompany the Enrichment Fund Application if the contract agency is unable to assist with the request.

*The Department of Children Services will help with **government-available funding** sources (Flex Funding, DHS, Chafee Funds, Independent Living, Extension of Foster Care). Ask the child's FSW for assistance.

*If the Foster Parent is a member of a **local Foster Parent Association or group**, they will be expected to approach that group before requesting Walk Me Home Enrichment funds.

*Should the funds requested be for a sport or extracurricular activity (**community or school sanctioned**), written proof that the school or community organization will not waive the fees for the child should accompany the application.

*When applying for **sports participation**, please do not apply for Walk Me Home Enrichment funds until the child is officially a member of the sports team.

*Should the request be for a **church camp**, written proof that the church will not waive the fee should be attached to the application.

Please provide a brief summary stating the reason(s) for your request. Please include 1) Specific need of child/youth 2) Present circumstances and 3) Dates and cost of need 4)How check or credit card payment can be made (attach receipts if available)

This section needs to be as detailed as possible. Please be sure to tell us specific circumstances that cause the need for the request. Also, please be sure to break down the cost, AND INCLUDE WRITTEN EXPLANATION and ATTACH AN INVOICE AND/OR RECEIPTS. Also, please write legibly. **Applications made by or on behalf of biological parents will not be considered.**

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