



## Children at Risk Emergency Fund Application

The Children at Risk Emergency (CARE) Fund is a special fund designated by the St. Clair County Child Abuse and Neglect Council to assist area professionals to provide goods and/or services to meet the physical, social and/or emotional needs of at-risk children throughout St. Clair County. Completed applications along with an explanatory cover letter should be submitted to St. Clair County Child Abuse and Neglect Council.

1. Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
2. School: \_\_\_\_\_
3. What is your professional relationship to the child? \_\_\_\_\_
4. I consider this child to be "at-risk" because: \_\_\_\_\_  
\_\_\_\_\_
5. Specific item(s) the fund will provide for the child: \_\_\_\_\_  
\_\_\_\_\_
6. Describe the child's physical, social, emotional need and how you feel it can be met through the CARE Fund?  
\_\_\_\_\_
7. Cost (be specific): \_\_\_\_\_
8. Other community resources you have contacted to meet the child's needs: \_\_\_\_\_  
\_\_\_\_\_
9. I will commit to following through with this request by personally purchasing and delivering the good/service and assuring (to the best of my ability) that the child will be the sole beneficiary of the donation (*circle*).    **YES**    **NO**

**The name and title of the person completing this application:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency & Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_