

Anne Arundel County Department of Social Services  
***CASA Request Form for Generous Juror Funds***

**Section I. Identifying Information**

Date of Request:\_\_\_\_\_ CASA Worker's Name:\_\_\_\_\_

Child(ren) Name:\_\_\_\_\_

Foster Care Worker's Name:\_\_\_\_\_

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**Section II. Vendor Information**

Vendor Name (if known):\_\_\_\_\_

Street Address:\_\_\_\_\_

City:\_\_\_\_\_ Zip:\_\_\_\_\_

Phone:\_\_\_\_\_ Fed. ID#:\_\_\_\_\_

Social Security #:\_\_\_\_\_ Cost of Item/Service:\_\_\_\_\_

Reason for Request (*please indicate what it is you are requesting and why it would benefit the child(ren)*):

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Attachments: Include applications, estimates of services, etc.

Please send the form to the foster care worker/supervisor.

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**For Anne Arundel County Department of Social Services use only**

Signature of Foster Care Worker:\_\_\_\_\_ Date:\_\_\_\_\_

Signature of Foster Care Supervisor:\_\_\_\_\_ Date:\_\_\_\_\_

***Please forward to Chris Poulsen***