



DFS CRISIS INTERVENTION FUNDS REQUEST/AUTHORIZATION

DATE OF REQUEST	CASE NAME	DCN
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1. Type of case (Documentation to be attached):

- Investigation. Documentation: CA/N-4
- Family Assessment (SB 595 Demonstration Sites). Documentation: CS-14/14A
- FCS Active Case. Documentation: CS-14/14A
- Out-of-Home FCS (Pilot Sites). Documentation: CS-14/14A

2. There is a risk of child maltreatment within the family due to:

3. The family has attempted to prevent the current crisis by:

and remains in need of such funds (list all resources the family has used to alleviate the need for crisis intervention funds).

Item(s) requested	DOLLAR AMOUNT
1.	1.
2.	2.
3.	3.

5. Vendor Name(s) / Address

- 1.
- 2.
- 3.

SIGNATURE OF WORKER	DATE
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I have reviewed this request and required documentation and agree / deny the request for Crisis Intervention Funds due to:

SIGNATURE OF COUNTY DESIGNEE	DATE
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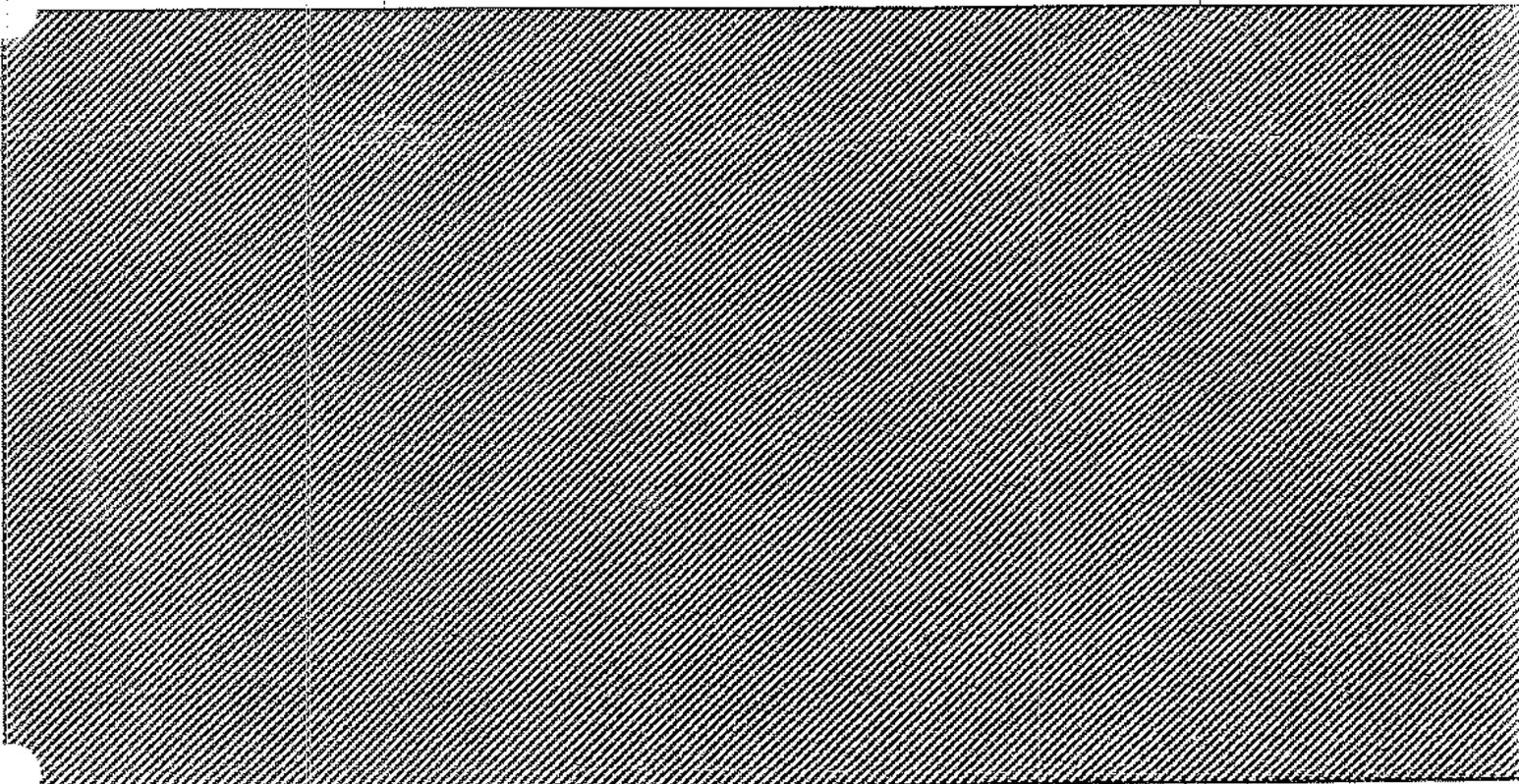
I have reviewed this request and required documentation and agree / deny the request for Crisis Intervention Funds due to:

OTHER COUNTY/AREA SIGNATURE	DATE
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MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES
 DFS CRISIS INTERVENTION FUNDS REQUEST/AUTHORIZATION

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5. Vendor Name(s) / Address
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