 MISSOURI DEPARTMENT OF SOCIAL SERVICES

 CHILDREN’S DIVISION

 **CRISIS INTERVENTION FUNDS REQUEST/AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| DATE OF REQUEST | CASE NAME | DCN |
|       |       |       |
| 1. TYPE OF CASE (Documentation to be attached):  |
| [ ]  Investigation/Assessment. Documentation: CPS-1, CPS-1A  |
| [ ]  FCS Case. Documentation: CD-14,14A,14B  |
| [ ]  Out of Home Care. Documentation: CD-14,14A,14B  |
| 2. There is a risk of child maltreatment within the family due to: |
|       |
| 3. The family has attempted to prevent the current crisis by: |
|       |
| 4. The family 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 |
|       |       |
|       |       |
|       |       |
| VENDOR NAME(S)/ADDRESS |
|       |
|       |
|       |
| SIGNATURE OF WORKER      | DATE      |
| I have reviewed this request and required documentation and agree/deny the request for Crisis Intervention Funds due to:  |
|       |
|       |
| SIGNATURE OF COUNTY DESIGNEE      | DATE      |
| I have reviewed this request and required documentation and agree/deny the request for Crisis Intervention Funds due to:  |
|       |
|       |
| OTHER COUNTY/REGIONAL SIGNATURE      | DATE      |