



**Voices for Children of NC Florida  
Request for Assistance  
Normalcy Funds**

**Please Print**

Amount  
Date: \_\_\_\_\_ Requested? \_\_\_\_\_ Full or Partial Payment: \_\_\_\_\_ Case No: \_\_\_\_\_  
County: \_\_\_\_\_

Activity/Service Requested: \_\_\_\_\_

What does this include? \_\_\_\_\_

GAL Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Name and address check should be mailed to: \_\_\_\_\_

First name ONLY, age, sex of child(dren):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Placement of Child: Foster Care ☐ Family ☐ Group Home ☐ Other: \_\_\_\_\_

Is this currently an active dependency case? Yes ☐ No ☐

GALP CAM Approval Signature: \_\_\_\_\_ CAM Phone #: \_\_\_\_\_  
CAM Printed Name: \_\_\_\_\_

How long does this activity last? (Example: 6 weeks, once, etc.): \_\_\_\_\_

If more than once, how often does it occur? Weekly ☐ Monthly ☐ Other \_\_\_\_\_

Will additional or follow up funds be required? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

Where does activity take place? School ☐ Church ☐ Other ☐ If other please explain: \_\_\_\_\_

Are scholarships available for this activity? Yes ☐ No ☐

Have alternate funding sources been researched? Yes ☐ No ☐ If yes, what are they? \_\_\_\_\_

Is transportation required? Yes ☐ No ☐ If Yes, who will provide it? \_\_\_\_\_

Please provide name of sponsoring organization of activity, address and phone # of contact person if different from above: \_\_\_\_\_

**Please Note:** Checks are made to the provider of the activity or service, NOT to GALs or caregivers. You may not pay for the activity and then ask for reimbursement.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Normalcy Committee Signature(s): \_\_\_\_\_

Treasurer's Use Only: Check #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Issued to: \_\_\_\_\_ Mailed to GALP \_\_\_\_\_ GAL \_\_\_\_\_ Service Provider \_\_\_\_\_

Date Receipts Submitted: \_\_\_\_\_

8/2018