

# Preschool Services Department Authorization for Issuance of Immediate Need Voucher(s)

FOR INTERNAL USE ONLY

Child's Name (LN, FN)	Child COPA ID	Date of Birth	Gender	*Ethnicity
			<input type="checkbox"/> M <input type="checkbox"/> F	C <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> AI <input type="checkbox"/> O <input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F	C <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> AI <input type="checkbox"/> O <input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F	C <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> AI <input type="checkbox"/> O <input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F	C <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> AI <input type="checkbox"/> O <input type="checkbox"/>

\* C = Caucasian, B = Black, H = Hispanic, A = Asian, AI= American Indian, and O = Other

Family COPA ID # \_\_\_\_\_ Family/Primary Caregiver's Phone Number \_\_\_\_\_

Family/Primary Caregiver's Names \_\_\_\_\_

Home Address \_\_\_\_\_

Request for Issuance of Voucher: **Client to pick up**

I, \_\_\_\_\_, authorize to \_\_\_\_\_  
(Generalist's/Teacher's name) (Name of Family/Primary Caregiver)

an Immediate Need payment for the above child(ren.) for:

Item(s) \_\_\_\_\_  
 Vendor \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Max Amount Issued \$ \_\_\_\_\_ Voucher # \_\_\_\_\_  
 Cost Per Item \$ \_\_\_\_\_

Item(s) \_\_\_\_\_  
 Vendor \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Max Amount Issued \$ \_\_\_\_\_ Voucher # \_\_\_\_\_  
 Cost Per Item \$ \_\_\_\_\_

Item(s) \_\_\_\_\_  
 Vendor \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Max Amount Issued \$ \_\_\_\_\_ Voucher # \_\_\_\_\_  
 Cost Per Item \$ \_\_\_\_\_

Justification for issuance is documented in the:  Family Data File.

\_\_\_\_\_  
 Issuance Fiscal Clerk Signature Date

\_\_\_\_\_  
 Generalist/Teacher Signature Date

\_\_\_\_\_  
 Phone ( )

\_\_\_\_\_  
 Monitoring Supervisor Signature Date

\_\_\_\_\_  
 Program Supervisor Signature Date

Original: HS Auditing  
 Copy: Monitoring Unit  
 Copy: Generalist (file copy)

## **Instructions – Children’s Fund Voucher Request**

### **Completion of the PSD 712 Form – Authorization for Issuance of Immediate Need Voucher(s)**

#### **Child Information**

Enter name, COPA ID and birth date for each child receiving item(s) with the Children’s Fund Voucher. Mark the appropriate box indicating gender and ethnicity.

#### **Family/Primary Caregiver Information**

Complete this section in its entirety.

#### **Voucher Information**

Mark the box for each vendor and each item category; complete all the information required for that vendor. Leave the ‘Voucher #’ line blank for the Fund Custodian to complete.

#### **Signature Section**

County staff completing the PSD 712 Form for their client will sign and date. Then obtain Program Supervisor signature and date. Leave the ‘Issuance Fiscal Clerk Signature/Date’ line blank – to be signed by Fund Custodian.

#### **Disbursement**

Make two copies of the PSD 712 Form. One copy will be placed in the Children's File. The original and a copy will be returned to the Fiscal Fund Custodian, Susan Reeder.