



Promoting healthy communities.

THE GUIDANCE CENTER
J. David Kaaz Memorial Campus
500 Limit
Leavenworth, Kansas 66048

FAMILY CENTERED SYSTEMS OF CARE FLEXIBLE FUND APPLICATION FORM

Name _____ Date of Application _____

Address _____

Phone _____

Child with a diagnosis in the home? ____ Yes ____ No (Required)

SED Verification Attached? ____ Yes ____ No (Required)

List Community Resources Checked (Required-Must contact at least 2)

(1) Agency: _____ Person Contacted: _____ Request Status: _____

(2) Agency: _____ Person Contacted: _____ Request Status: _____

Amount of Flex Funds Requested \$ _____

Purpose _____

Case Manager/Person who will be responsible for the money and return of original receipts
Signature _____ Date _____

____ Approved _____ Check Number _____ Date Written _____

____ Not Approved Reason, if not approved _____

Committee Members Approval _____ Date _____

2nd Committee Members Approval _____ Date _____

Consumer/Parent Approval _____ Date _____

Flex funds may be applied for no more than (2) times per household per calender year. May only apply (1) time per year for gifts (Christmas, Birthday, etc. -no more than \$50.00 per child for gifts).

Revised 12/9/03, 7/25/06

J. DAVID KAAZ MEMORIAL CAMPUS
500 Limit Street Phone: (913) 682-5118
Leavenworth, KS 66048 Fax: (913) 682-4664

ATCHISON COUNTY CENTER
1301 North Second St. Phone: (913) 367-1593
Atchison, KS 66002 Fax: (913) 367-1627

JEFFERSON COUNTY CENTER
1102 Walnut Street Phone: (785) 863-2929
Oskaloosa, KS 66066 Fax: (785) 863-2972

For after-hours emergencies, please call (888) 260-9634.