

St. Clair County Community Mental Health
Special Fund Account Request

Staff Requesting Check: _____

Program: _____ Date of Request: _____

Fund Account: _____ Dollar Amount Requested: _____

Individual: _____ Case #: _____

Check Payable to: _____

Check Needed by: _____

Caring for Kids: These funds are designated to provide for the special needs of children and their families served by SCCCMH for items that cannot be funded through other services. Examples include clothing, personal care items, holiday gifts, or special event.

Lifeline: All other sources of payment must be exhausted before requesting funding from the Lifeline fund. Request must include a summary of what other funding sources have been pursued. These funds are used to provide basic needs for individuals who use our services but are not limited to dental care, medical needs, emergency housing expenses, funeral costs, and environmental modifications.

Reason for Request: (Attach additional pages as necessary)

Approval Signatures (obtain signatures **BEFORE** submitting request for payment)

_____	_____	Approved (check one)
Supervisor Signature	Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Service Director Signature	Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Clinical Officer Signature	Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Executive Officer/Designee Signature	Date	<input type="checkbox"/> Yes <input type="checkbox"/> No

Once Approved, submit to Finance Department for Processing