MOTHERS TRUST FOUNDATION

CONFIDENTIAL SERVICE REQUEST

MTF Case# _____

This form is for professional use only. All information must be completed by the case worker. **Questions call: 847-482-9189.**
Submit the completed form via E-Mail: Service@motherstrustfoundation.org
Or FAX: 847-482-9193. Requests are reviewed/approved on Wednesday mornings.

Your Name:_____ Date:_____
E-mail:_____ Phone:_____
Agency:_____Position:_____
Agency Address:_____City: _____ Zip: _____

CLIENT HOUSEHOLD INFORMATION:

Parent/Guard Names:_____Phone #: _____
Address:_____City: _____Zip:_____Township_____
Mother's Age:_____Single:___Disability?:_____Father's Age:_____Disability?:_____
Total All Household Monthly Income ($):_____ Total Income Includes:_____
_____ LINK/TANF$:_____Soc.Sec.$:_____Sect.8/Housing$:_____Rent $:_____

Parent/Guardian Signature: _____

CHILDREN: Please list All children in the family. Indicate what is needed by the child.

Name (First & Last)	Age	Race	Sex	Disabled	SERVICE REQUESTED FOR THIS CHILD

Please provide a detailed explanation to support the above request. (Attach add'l pages)

_____

_____

_____

_____

_____

_____

_____

Other Sources Contacted (**MTF should be agency of last resort**): _____
CHECKS-- If a check is needed, attach the documentation for: Date Needed by:_____
Amount: $_____Make check out to (Not Family): _____
Mail check to Address:_____City:_____Zip: _____

MTF USE: Approved: Yes / No Totl.Amount $:_____SA/Otr:_____Check: #:_____

A.Ord.#:_____V.Amts:_____03/21