

St. Clair County Community Mental Health Authority
Special Fund Account Request

Person Requesting Check: _____

Program: _____

Date of Request: _____

Fund Account: _____

Dollar Amount Requested: _____

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 SCCCMHA for items that cannot be funded through other services. Examples include: Clothing, personal care items, holiday gifts, or special event.

Community Foundation Endowment Fund: Donations made to this fund are used to provide basic needs for individuals who receive CMH Services. But are unable to be funded through other sources. This fund supports, the programs, projects, and operations of St. Clair County CMH. The fund is managed by the Community Foundation of St. Clair County.

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: (Include Individual's Name/Case #- Attach additional pages if necessary)

Signatures: (Obtain signatures **PRIOR to submitting request for payment)**

Approved
(Circle one)

Supervisor Signature:

Date:

Yes No

Assistant Division Director Signature:

Date:

Yes No

Program Director Signature:

Date:

Yes No

Chief Executive Officer/Chief Operating Officer Signature:

Date:

Yes No

SUBMIT TO: FINANCE DIVISION FOR PROCESSING