

# DreamWeavers of Georgia



## GENERAL AWARD APPLICATION FOR 2010

|  |               |   |                     |
|--|---------------|---|---------------------|
| <b>Mail or fax completed form to:</b>  |               | <b>DreamWeavers Office Use Only</b>   |                     |
| DreamWeavers of Georgia<br>11805 Northfall Lane #804<br>Alpharetta, GA 30009<br>Phone:<br>Fax:   |               | Application #<br>Date:<br>Code:<br>Amount Approved:<br>Declined<br>Why:         |                     |
| Please allow at least 15 days for DreamWeavers to process these requests.  |               |   |                     |
| Note: An incomplete or illegible application will delay processing this Award.   |               |   |                     |
| First and Last name (person completing application)  |               | Phone:<br>E-mail (if we have questions & to notify you when award is approved): |                     |
| Your Street Address:   |               | City, State   | Zip                 |
| Relationship to Youth Self _____ Relative _____ Foster Parent _____ DFCS _____ Group Home _____<br>Social /Case Worker (Specify Agency) _____ Other, Please Specify _____  |               |   |                     |
| Separate application must be made for EACH child for whom an award is being requested. Photocopies may be attached. Eligibility is limited to individuals who are in the custody of the Georgia Department of Family and Children Services and placed outside their homes. The application may be required to provide proof of adjudication. |               |   |                     |
| Child's Last Name:   | First:        | Sex<br>_____ Male _____ Female  | Age (Years, Months) |
| Child's Address:   |               | City, State   | Zip                 |
| Name of Child's Foster Care Case Worker:   |               | Phone :   |                     |
| Agency:  |               | City:   |                     |
| When was the child placed in the custody of the DFCS? (Mo, day, yr)  |               | Child's File Number (mandatory):  |                     |
| Name of the Foster Parent or Facility?   |               | Phone :   |                     |
| Is the Child Employed?<br>_____ Yes _____ No   | Wage per Hour | Hours per Week  | Occupation:         |
| Current Employer:  |               |   |                     |

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Total Amount Requested: \_\_\_\_\_ Dated Needed by: \_\_\_\_\_

Description, Reason and/or Circumstances for Request (You may attach additional sheets or supporting documents (i/e brochures, class descriptions, invoice, pricing sheets, etc.

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Cost Itemization of Request (Number of lessons, cost including tax, etc.):

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DreamWeavers Worksheet may be found on [www.dreamweaversofgeorgia.org](http://www.dreamweaversofgeorgia.org)

Check Information (checks will be made payable to the provider of the service)

Phone:

Additional Information required on check?

Mail Check to Street Address:

City, State

Zip

List all other agencies, individuals, or sources from which you have requested the aid sought in this application.

DreamWeavers of Georgia does not duplicate services or benefits provided by other public, private, or government agencies. By making or joining in making this request for an award, the undersigned states that they have investigated alternative resources to fulfill the request listed above and that no reasonable alternatives are available.

Required Signatures

\_\_\_\_\_  
Signature of Applicant (if different than Social Worker)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Social Worker

\_\_\_\_\_  
Date

DreamWeavers Office Use Only:

\_\_\_\_\_ Email application notification of approval

\_\_\_\_\_ Mail check and letter to vendor

\_\_\_\_\_ Mail notification and acknowledgement to recipient and parent