



**FOR KIDS FOUNDATION**

**Mission:** For Kids Foundation provides funding for the urgent, unmet needs children in our community, birth through age 20, who have fallen through the cracks of existing agencies and charitable organizations.

**Vision:** Provide or align resources to help every child thrive.

<https://forkidsfoundation.org/>

(775) 741-5231

P.O. Box 5153, Reno, NV 89513

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***Application for Assistance***

**Child's Information**

Child's Name: \_\_\_\_\_

Child's Gender:  Male  Female

Child's Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_

**Parent/Guardian's Information**

Parent/Guardian's Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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Application Details

Who referred you to the For Kids Foundation?

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Have you received assistance from the For Kids Foundation in the past?  Yes  No

If yes, when and how?

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What product or service does your child need?

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Name of Service Provider/Store:

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Estimated Cost of Product/Service Needed:

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Advocate Details (if other than parent or guardian completing application)

Advocate Name:

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Advocate's Phone Number:

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Advocate's Email:

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As parent/guardian of the above-named child, I approve the submission of this application, and hereby authorize For Kids Foundation to make all necessary contacts to assist the child in receiving the services requested.

\*The For Kids Foundation reserves the right to request family financial documentation.

Signature:

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Date:

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