

GALABC Child Assistance Fund Guidelines and Request Form

The Guardian ad Litem Association of Buncombe County (GALABC) strives to support and enrich the lives of children who are abused or neglected. We maintain a fund, supported by donations and grants, for children in the Buncombe County Juvenile Court System that are above a child's ongoing basic requirements. Social Services (DSS) is required to fund the critical needs of a child in their custody. Children whose court cases have been closed within the year prior to the request are also eligible.

Funding examples: art supplies, camp fees, clothing, gymnastics, swimming and music lessons, school trip fees, sports shoes/equipment, baby supplies and furniture. No medical/therapeutic procedures are funded. We prioritize children with multiple critical needs or emergencies. Kinship placements are given priority. **GALs are asked to do a quick check to explore whether DSS or another community source will fund the child's needs.**

Community resources to consider contacting prior to making a request from GALABC:

- Medicaid (eyeglasses, etc.)
- ABCCM—Asheville/Buncombe Co. Christian Ministries (clothing, food, medical care, etc.)
- Blue Star Program for Orthodontic care,
- Eckerd Kids, Elida Homes
- Eblen Charities, Goodwill Industries, Salvation Army, Hospice Thrift Store
- Lion's Club (scholarships, eyeglasses, etc.)
- Mattress Man
- PTO/PTA and school organizations
- Sleep Tight Kids
- Youth Villages
- Girls on the Run WNC (scholarships to participate)
- Western Carolina Rescue Ministries—furniture, etc., contact Rev. Michael Woods, 828-254-1529

PLEASE LIST ALL RESOURCES CONTACTED ON THE REQUEST FORM. REQUESTS SHOULD BE SUBMITTED BEFORE PAYMENT. Reimbursements are discouraged but will be considered.

To serve the greatest number of children, we suggest the following guidelines:

- \$125 per request if the child is in foster care
- \$175 per request if the child is in a kinship placement
- \$ 515 per year for camp fees (overnight or day camps)

Requests for funding must be discussed with the case social worker. Requests should also be discussed at a CFT meeting if possible.

Emailed or deliver your request to the supervising GAL staff member with your last name and case# in the subject line. Copy the case social worker for the child's DSS file.

The request form must be approved by the supervising GAL staff member. If approved, the request will be forwarded by the supervisor. **Only GAL staff members may submit a request.**

The GALABC Board will vote on all requests in a timely manner, and we strive to fulfill requests within 7-10 days. This request form is NOT needed for the \$50 school supplies gift cards.

Guardian ad Litem Association of Buncombe County

Children's Assistance and Camp Fund (CAF) Request Form
www.galabc.org

Red boxes indicate a required field

Submit this form to the supervising GAL staff member and provide a copy to DSS

Date:

Case File #:

Child's zip code (if not currently in Buncombe Co., then original zip code):

GAL Name:

GAL Phone #:

Kinship or Foster placement:

(Amount of Request Additional Comments)

Amount of Request (see suggested guidelines):

What are the funds to be used for?

Have any family or DSS contributions been made so far? (Yes/No)

List other funding sources that have been explored?

If a Camp request, provide the location:

Will transportation be needed? (Yes/No)

Make check payable to (preferably a vendor):

Will you pick-up the check at the GAL office (31 College Place)? (Yes/No)

If not, please provide mailing address: