

Health Care Funds for Families Application Form



Early Learning Staff: Please refer to the *Health Care Funds for Families Procedure* for guidance in completing this form.

PSESD Early Learning child's name: _____ DOB: _____

Person requesting funds: _____ Phone: _____

Site/Center name: _____ Request date: _____

Provider's name: _____

Provider's phone: _____ Provider's fax: _____

Provider's address, city, zip code: _____

Date of appointment: _____

Services needed: _____

Other funding sources attempted/denied: _____

Cost of services (use estimate if necessary): _____

Submit to:
PSESD Early Learning ATTN: Health/Nutrition Services
800 Oakesdale AVE SW, Renton, WA 98057
425.917.7870 Fax 425.917.7898

Approved by (signature): _____ Approval date: _____

