



# CASA Sacramento Making Memories Referral Form

\* Indicates Required Field

**PLEASE NOTE: Referral will ONLY be processed if all required fields are completed.**

## GENERAL INFORMATION

*Child's Name:	*Referral Submitted By (Name, Phone # & Relationship to Child):
*Child's Address :	*Foster Parent's Name:
*Child's Social Worker Name:	*Foster Parent's Mailing Address: see above
*Child's Social Worker Phone:	*Foster Parent's Phone:

## ITEM(S) REQUESTED (Making Memories can fund up to \$300 per child per year)

*Please describe the item you are requesting (be specific – size, brand, color, etc.):	*Amount Requested (up to \$300):
	*Full Cost of Item Requested:

## REASON for REQUEST AND ATTACH BACK-UP DOCUMENTATION, including costs.

\*Please describe the reason for this request. How will the child benefit? (Use an extra sheet if necessary).

## CHECK INFORMATION

*Who should the check be made out to:	*Where should the check be mailed:
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## SUBMIT REQUEST (Please allow 2 weeks for processing)

Send completed form to:  
**Fax: 916-875-6879 or email to: [Lindy@sacramentocasa.org](mailto:Lindy@sacramentocasa.org)**  
 For more information contact: Lindy Meeker, Operations Manager, at 916-743-0229  
 CASA Sacramento Making Memories  
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