

Ref# _____

Received: _____

Boulder/Broomfield County Foster/Adoptive Family Association Application for Family & Children's Enrichment Fund

These funds are designed to help ease the financial burden of foster and adoptive families who work to enrich the experiences of the children in their care. If you have questions about these funds, consult your membership materials, go to www.bbffa.org, or contact Kristin Raney at raney@aol.com or 303-469-7775. This application must be received within 45 days of the expenditure. Make sure receipts are attached. Please allow up to one month for reimbursement.

Parent Name(s): _____ Date: _____

Address: _____ City: _____ ZIP: _____

Phone #: _____

Child's name: _____ Age: _____ Circle one: foster adopted (date final _____)

Child's name: _____ Age: _____ Circle one: foster adopted (date final _____)

Child's name: _____ Age: _____ Circle one: foster adopted (date final _____)

****Please itemize expenses. BE SURE TO ATTACH ALL RECEIPTS!****

<u>Item (specify what the money was spent for)</u>	<u>Amount</u>	<u>Child that the expense is for</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand the current reimbursement guidelines and that all reimbursements are subject to approval by the Board. I understand that no reimbursements are guaranteed and that the amount of reimbursement will be determined according to the current budget of BBFFA. I pledge that all expenses turned in for reimbursement were used for the children and purposes indicated above.

Foster/Adoptive Parent Signature: _____

**Submit completed application to:
Kristin Raney, 2590 Lake Vista Drive, Broomfield, CO 80023**

For BBFFA Use

Not Approved Reason: _____

Approved Date _____ by _____

Amount \$ _____ Check# _____ Paid to: _____

Categories: _____