



**THE CHAFEE PROGRAM OR UNACCOMPANIED REFUGEE MINOR PROGRAM
REQUEST FOR FINANCIAL ASSISTANCE**

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN & FAMILY SERVICES
SFN 255 (11-2018)

		Date of Application	ID Number
Youth's Name		Age	Date of Birth
Youth's Address	City	State	ZIP Code
Number of Months in Foster Care	Date(s) of Entry	Date(s) of Exit	
<input type="checkbox"/> Chafee General Funds. Chafee Transition Plan or Care Plan Required			Amount Requested \$
<input type="checkbox"/> Chafee Room and Board Funds. Chafee Transition Plan or Care Plan Required			Amount Requested \$
<input type="checkbox"/> Chafee Education and Training Voucher Funds. ETV Form SFN 252 Required Chafee Transition Plan or Care Plan also Required			Amount Requested \$
<input type="checkbox"/> Unaccompanied Minor Program			Amount Requested \$

Youth Agrees To:

Chafee Coordinator/Case Manager Agrees To:

<input type="checkbox"/> Expend approved Funds in accordance with plan	<input type="checkbox"/> Monitor expenditure of approved Chafee funds and assist youth with plan <input type="checkbox"/> Keep receipt record of expenditures
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Funds Are To Be Paid To:

Name (First, Middle, Last; or Name of Institution)			
Address	City	State	ZIP Code

Signatures

I agree with the plan and authorize the release of this information for implementation of plan.

Youth	Date
Chafee Coordinator/Case Manager	Date

FOR DEPARTMENT USE ONLY

Authorized Signature	Date of Birth
Cost Center	Total Authorized