



# Fostering Faithfully

## Application for Assistance

### Applicant Information

Name:

Email Address:

Mailing Address:

Street Address:

City:

Best Method to Contact Me:

Home Phone #

Mobile Phone #

Work Phone #

State:

ZIP Code:

Best Time to Contact Me:

### Agency

Licensing Agency:

Case worker:

Mobile Phone #

Are you currently a licensed foster parent:    Yes            No

Work Phone #

If no, status of the process:

How long have you been a licensed foster home in Oconee/Pickens County?

### Child/ren's Information

Name(s)/Ages of Children:

### Description of Need

Specific Need & Specific Amount Requested:

Reason for Assistance:

\*Please scan and email receipts to [fosteringfaithfully@gmail.com](mailto:fosteringfaithfully@gmail.com) or mail receipts to Fostering Faithfully, 905 E. Main Street, Walhalla, SC 29691 after items are purchased.

Signature of applicant:

Date:

To qualify for financial/material assistance:

- ❖ Assistance must directly impact the needs of the foster child.
- ❖ The foster family must be licensed or more than 75% of the licensing process must be complete.

Please kindly return any equipment you no longer need to the Resource Center for other families to use.  
Thank you!

**Please fill out the application and email it to [fosteringfaithfully@gmail.com](mailto:fosteringfaithfully@gmail.com) or mail it to  
Fostering Faithfully, 905 East Main Street, Walhalla, SC 29691.**