**CYPSC FUNDING - COVID-19 RESPONSE**

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| --- | --- |
| **Date:** |  |
| **Recipient’s Name & Address** (*only needed where a 3rd party is delivering the assistance requested to the recipient)* |  | **Contact number of recipient** (*only needed where a 3rd party is delivering the assistance requested)* |  |
| **Please state if the request for assistance and the provision of personal contact details has been discussed with the recipient and consent given** |  |
| **Agency Referred by**  |  | **Key worker (name & tel)** |  |
| **Details of request:** |

|  |  |
| --- | --- |
| **Request Approved:** |  |
| **Details & delivery arrangements:**  |  |
| **Amount:** |  |
| **Signed (Manager):** |  |

|  |  |
| --- | --- |
| **PAYMENT:**  | **EFT □ Credit Card □ Cash □** |
| **Manager:** |  |
| **Admin Manager:**  |  |