**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Request for Emergency Service Funds for**

**Division of Milwaukee Child Protective Services Families**

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| **Funding Requested For** |
| Case Head      | Case Number (eWiSACWIS)      | Date of Request      |
| Purpose and Justification for Request (include items to be purchased)      |
| **Funding Requested By** |
| Name – IA Specialist Assigned      |
| **Form of Payment**  |
| [ ]  Yes [ ]  No Payment will be made by P-Card. Estimate amount:       |
| [ ]  Yes [ ]  No Payment requested by check.  |
| Check for amount of $      made payable to      . |
| Address check should be sent to (Street, City, State, Zip Code)      |
| **Approvals** |
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|  |
|  |  |  |  |
|  **SIGNATURE** – IA Supervisor |  | Date Signed |  |
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|  |  |  |  |
|  **SIGNATURE** – Program Manager |  | Date Signed |  |
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| **Routing of a Check Request** |
| The program manager scans this form and sends the pdf file via email to the Section Chief – Operations at the Division of Milwaukee Child Protective Services Administration Office. The check will be sent directly to the payee and the IA specialist notified of the date it was sent. A W-9 form completed by the landlord / rental agency must be received at Division of Milwaukee Child Protective Services prior to a rent check being issued. See Emergency Service Funds Guidelines.  |
| **Receipts** |
| Requester writes the case number on all receipts before scanning them into pdf files and attaches the pdf when reconciling the P-card. Service managers must check this form against P-card charges before approving P-card reconciliations. Document all items purchases as a case note. For more information see the Division of Milwaukee Child Protective Services Procedure Manual, Protocol page. |