



**GOOD FRIENDS
OF THE
FIRST STATE**
Inc.

Instructions for Completing the Monetary Request Application

POST OFFICE BOX 424
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www.goodfriendsofthefirststate.org

Instructions for Completing the Monetary Request Application

1. Please complete all blanks including phone numbers. Incomplete request applications will not be considered. Please verify all information entered on the request form.
2. There must be sufficient justification for the request. Include other organizations you have applied to for funding and the amount received or denied. Please include any additional information in the request email.
3. Both the licensed mental health or healthcare professional, social worker or case manager submitting the request and their supervisor's name and phone number must be on the request.
4. When submitting a request by email you must complete the Monetary Request Application and attach it to the email.
5. When talking with your client, please gather information on all adult members of the household (HH) and the total HH income situation. We compare the HH information to the Federal Poverty Tables as a guide in determining financial eligibility. If you have access to DSS eligibility information or other data sources, please verify your information.
6. When requesting third party payment, it is necessary for the social worker to get bids and quotes from at least two vendors. Remind them to give you a breakdown of cost, delivery, etc. We only buy new items when no used are available. Invoices must accompany Monetary Request Applications. If a request for a third party payment is approved, the social worker will be responsible for making arrangements as needed.
7. Please note that in order to process a request for rent or utilities there are certain requirements. For rent, the lease must be in the client's name and for utilities the service must be in the client's name. Please list the disconnect or eviction date, the vendor and the account number on the monetary request.
8. If you are requesting funds for medications, we need the name of the medication, the condition it will treat and the cost of each medication. If your client is between the ages of 18-49, please indicate if they are receiving Medicaid and if they are covered by health insurance. Be sure to check with Med-Assist to see if your client is eligible for services before making a referral to Good Friends. Good Friends of the First State reserves the right to approve or decline a referral based on its own sound discretion and judgment.