



Basic Needs Request and Authorization Form

This form is intended for requesting financial assistance to support PPS students and families with essential needs. It must be completed by school staff and requires approval from the school principal. We offer assistance in three basic areas: **food, clothing** (new uniforms, clothes, coats, eye glasses, etc) and **shelter** (rent/utilities and other necessary household items).

Funds up to \$1,000 may be granted, subject to review. Please send requests to **jennifer.adler@psd150.org** and **cindy.morris@psd150.org** for review and approval. If approved, the PPS Foundation will provide the funds needed to fulfill the request. Make sure to indicate on the form below the best way to get the funds to the student/family in need. Please note that checks cannot be written directly to the family.

All purchases MUST be made by personnel of the PPS Foundation or a Peoria Public Schools employee. After purchases are made **ALL** receipts must be emailed to **jennifer.adler@psd150.org** no later than **14 days** after purchase. Also, please note that this is a one-time request per family.

PPS Staff Member Requesting the Funds: _____
(Name) (Title) (email)

Name of Student in Need of Funds: _____ School: _____

Please check which type of assistance is needed:

Food **Clothing** **Shelter** **Other**

If selecting "Other", please briefly explain: _____

Why is this an emergency? (please attached additional page if needed)

Please provide the specific dollar amount requested to fulfill the need: _____

What is the best way to get these funds? (Reimbursement to school or PPS staff, check to a store/landlord/ utilities provider, etc) *If requesting rent assistance: landlord's name, address, and rental address must be provided. If requesting utilities support: a copy of the most recent utilities bill must be attached.*

The staff member requesting the funds and the Principal/Administrator of the school certify the information above and any accompanying documents are true and correct. **Both must sign for application to be valid.**

Signature of Individual Requesting Funds Date Signature of Principal/Administrator Date

For PPS Foundation Office Use Only:
PPS Foundation Response (please check one): Yes No Amount Approve: \$ _____
PPS Foundation President E- Signature and Date:

** If requesting funds for glasses, please ask for information regarding agreement with Bard Optical. Bard Optical will use this form as a payment voucher and will send invoice directly to PPS Foundation.