



**Emergency PSSF Funding Form**  
Email: [ahuntin1@dhs.state.ia.us](mailto:ahuntin1@dhs.state.ia.us)

These funds are good to help pay for extracurricular activities for children as well as mental health appointments and co-pays

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Requesting Agency and Contact Name and Phone #: \_\_\_\_\_

Request: (Circle) Extracurricular Activities    Mental Health Co-pay

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost: \_\_\_\_\_ Other Resources checked: \_\_\_\_\_

Accepted Y N with modification: \_\_\_\_\_

Denied Y N Denial Reason: \_\_\_\_\_

Name & Address Check is Mailed\*\* to: \_\_\_\_\_

\*Check cannot be made out to families

\*\*Funds can be paid online via credit card if needed, please write who/what the payment is for and where a credit card payment would need to be done

Signature of Parent/Guardian: \_\_\_\_\_

Scott County Kids Signature: \_\_\_\_\_

DHS Contact Signature: \_\_\_\_\_

**Please attach original receipts/invoices to this form.**