



VOLUNTARY ACTION CENTER

800 N. Providence Rd. Suite 220 Columbia, MO 65203
(573) 874-2273 FAX (573) 874-9172 vac@vacmo.org www.vacmo.org

YOUTH ENRICHMENT FUND REFERRAL FORM

Child's Name: _____ Home Phone: _____

Parent's Name: _____ Home Address: _____

Please give a brief **summary of the need** including the exact item or service being requested, an **estimated cost**, and the **reason you are making this specific referral for this particular child**.

This referral is being made by:

Date: _____ Name: _____ Agency: _____ Phone: _____

Please give this referral form (filled out and signed by you) to the parent to bring to VAC with the required information listed below. The parent must bring this information to our office in order to apply for assistance. If this form is sent to our office, the parent must still initiate contact with VAC in order to receive assistance, **VAC will not contact the parent**.

Please contact VAC at 874-2273 with any questions regarding the appropriateness of this referral.

Required information for VAC assistance from the Youth Enrichment Fund, or any other services:

1. **Identification for everyone in the household.**
2. **Proof of all family income.**
3. **Proof of the family address.**
4. **Completed registration form for the activity the child would like to attend showing the cost along with the name, address and phone number of the service provider.**

Our office hours are Monday – Friday, 9:00 – 12:00 a.m. and 1:00 – 4:00 p.m.

We can be reached by phone Monday – Friday from 8:30 a.m. to 4:30 p.m. at 874-2273

