



Sue Fleischner
Special Needs Fund
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Concord, CA 94597
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Date: _____

Social Worker/Nurse/Other Name: _____

Requesting Agency: _____ Ph #: _____

Child's Name: _____

Child's DOB: _____ # of Sibling's _____

Parent/Guardian's Name: _____

Family's Address: _____ Apt.: _____

City/State: _____ Zip: _____

Family's Home Ph. #: _____ Mobile #: _____

Primary language spoken in the home: English Spanish Other: _____

Brief statement regarding situation:

To be completed by CAPC

Did this family receive donated items from CPAC: Crib Stroller Other infant equipment

Did this family receive a newly purchased item from CAPC? Crib Stroller Other infant equipment

What other resources have been accessed to serve this family? _____

CAPC representative: _____ Date: _____