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***D****evelopmental* ***D****isabilities* ***R****esource* ***C****enter*

**Funding Request for 25th Hour Funds**

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| **Name of Individual requesting funds:** Click here to enter text. | **DOB or Age:** Click here to enter text. |
| **Form Completed By:**  Click here to enter text. | **Relationship to Individual:** Click here to enter text. |
| **Date of Request:** Click here to enter a date. | **Total Amount Requested:** Click here to enter text. |
| **Name of Resource Coordinator:** Click here to enter text. | **Current DDRC Program:** Choose an item. |
| **Other resources/benefits individual/family receives:** Click here to enter text. | **Item/Service Requested:** Click here to enter text. |
| **Reason for funding request:** Click here to enter text. | |

**Please return this form by mail, email or fax to:**

DDRC/25th Hour, 11177 W 8th Avenue, Lakewood, CO 80215

**Email**: Development@ddrcco.com **Subject Line**: 25th Hour Request **Fax**: (303) 462-6697

For additional guidance or questions, please contact your Resource Coordinator.

**Admin Use Only**

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| **Date Received:** Click here to enter text. | **RC Signature:** |
| **Supervisor Signature:** | **Committee Signatures:** |
| **Amount Approved:** Click here to enter text. | **Rationale:** Click here to enter text. |