



Emergency Placement / New Placement Application

A gifting program of basic necessities for new arrival foster children

Complete one application for each foster child. Incomplete applications may cause delay in processing.

Print Foster Name _____ DOB ___/___/___ M___ F___
Address _____ City _____ Zip _____
For grant reporting purposes: applicants race / ethnic group _____
Print Guardian Name _____ Phone _____
Email _____ Name of Placement Agency _____
Name of applicant siblings in your home _____
Anticipated duration of stay in your home _____
Sizes: shirt ___ pant ___ shoes ___ Favorite color/character _____
Special Needs request _____
Would applicant benefit from tutoring services? Yes ___ No ___ Unknown ___
Guardian comments _____

**Items gifted belong to the child and are meant to go with the child should they leave your home.
The amount of assistance provided is based on need, current applications and available funds.
More information may be required based on additional or special need requests.**

X _____ Date _____
Foster Parent / Guardian Signature

RAF Office Use Only:

Date application received _____ Date Reviewed _____ by _____
Verification of foster placement or guardianship provided and in file? Yes _____
Gift Bag: delivered ___ picked-up ___ By _____ Date _____
List of items gifted _____ Value \$ _____
Special needs Yes ___ No ___ Approved ___ Date delivered _____ Value \$ _____
Comments _____

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