

# THE D.R.E.A.M. PROJECT

P.O. Box 4542, Bremerton, WA 98312

Dreams become Reality for Every child Allowing great Memories!

**Please complete the top half of this form and mail it to The D.R.E.A.M. Project**

Date: \_\_\_\_\_ Care giver: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Agency: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

DCFS Case #: \_\_\_\_\_

Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe the request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

There is a deadline on the availability of this item: no \_\_\_\_\_ yes \_\_\_\_\_

If granted, The D.R.E.A.M. Project will issue a check for no more than \$75.00

How did you hear about The D.R.E.A.M. Project? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**For The D.R.E.A.M. Project Committee use only:**

Date Reviewed: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date Social Worker Contacted: \_\_\_\_\_ By: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_