***Referral to the Orange-Chatham Friends of the GAL***

**Date:**

**County:** Click or tap here to enter text.

**Guardian ad Litem Volunteer:** Click or tap here to enter text.

**GAL’s Email:** Click or tap here to enter text.

**Name of the Social Worker:** Click or tap here to enter text.

**Social Worker’s email:** Click or tap here to enter text.

**Name of the Child:** Click or tap here to enter text.

**Type of Request:**

[ ]  Enrichment Activity

[ ]  Summer Camp

[ ]  Tutoring

[ ]  Other, please describe: Click or tap here to enter text.

**Was this request made and denied to DSS?**

Click or tap here to enter text.

**Please write a short summary of the request for funding. Please include the following:**

* **Basis for the request**
* **Amount Requested**
* **Address for Check**
* **Invoice, if possible**

**Please forward request to Diane Frazier,** **diane\_frazier@unc.edu**

**After service was received, please send us a short description of the way child benefited.**