

CHAMBERS COUNTY WELFARE BOARD

**TEXAS DEPARTMENT OF FAMILY & PROTECTIVE SERVICES
REQUEST FOR ASSISTANCE**

Date requested: _____ Case Number: _____

Item(s) or services needed and reason for the need: _____

Approximate Cost: _____ Date Needed: _____

Justified to keep or place child in home? ___ YES ___ NO

If no, explain: _____

Case Worker's Contact Information:

Name: _____ Phone: _____

E-mail: _____

CASA Program Director Signature _____

Advocate Coordinator Signature _____

Remarks: _____

CPS Liaison Approval: _____

Date Completed: _____ Actual Cost: _____

Email request to: Christine.Vien@dfps.state.tx.us Chris Vien- CPS Liaison
cheryl.n.mcdonald@gmail.com Cheryl McDonald- Chambers Welfare Board President
54granna@gmail.com Carol Porter- Board Member
chaysenwischnesky@yahoo.com Chaysen Wischnesky- Board Member