



Dream Request Form

To be filled out by a social worker, caregiver, attorney, education liaison, advocate or therapist. Request must have youth's social workers signature. Information will be kept confidential and will be used to assist Foster A Dream in the Dream Request process. Send completed form and supporting documentation by: Mail: 628 Escobar Street, Martinez, CA 94553 or Fax: 925-228-0202 or Email: tamara@fosteradream.org

Referring Party Information

Name: _____ Agency: _____
Relation to Youth: _____ Phone: _____
City: _____ Email: _____

Dream Information

Youth's Dream: _____
Please share with us why this dream request is significant in the youth's life.

Total Amount: \$ _____ Amount Raised: \$ _____ Amount Requested: \$ _____
Date Needed By: _____ (At least 2-week notice required)

Youth & Foster Care Information

Name: _____ Gender: Male Female Age: _____
City & County: _____ Ethnic: _____
Current Placement Type: Foster Family Kinship Guardianship Group Home
Length of Time in Foster Care: _____ Is Youth in Permanent/Long-term Care: Yes No
Caregiver Name: _____ Phone: _____
Social Worker: _____ Agency: _____
Phone: _____ Email: _____
Requester's Signature: _____ Date: _____
Social Worker's Signature: _____ Date: _____

Please Be Advised: Dream requests are reviewed the 1st & 15th of each month. Due to funding resources we are not able to grant all requests received. If request is granted, payment will only be issued directly to a service provider or third party.

----- For Internal Use Only -----
Date Receive: _____ Next Step: _____ Approval/Denial Date: _____