



## Family Item Request Form

### Form Description:

Please complete this form to request items under Policy 11.2.1., 11.2.2, 11.2.3. Requests must include a reasonable justification and, if applicable, documentation from your provider showing the item is not covered under their program. Items must directly support your child’s needs (e.g., diapers, wipes, formula, soap, pacifiers, etc.).

### Section 1: Parent/Guardian Information

- Full Name: \_\_\_\_\_
- Child's Name: \_\_\_\_\_
- Provider: \_\_\_\_\_
- Contact Email: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### Section 2: Requested Items

Please list the items you are requesting and explain why each item is needed.

Item	Reason for Request	Covered by Provider? (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**MOAPA BAND OF PAUTES  
TRIBAL CHILD CARE**

Address: 700 N. Rainbow BLVD  
Las Vegas, NV 89107  
Phone: (702) 333-6565  
Fax: (702) 701-8020  
Email: info@mboptribalchildcare.org

**Section 3: Justification & Documentation**

- Please provide a brief justification for the request (e.g., financial hardship, special needs):

---

---

---

---

---

- Optional: Attach documentation (e.g., letter from provider indicating item is not covered).

**Section 4: Acknowledgment**

By submitting this form, I understand that this request is subject to review under policy 11.2.1 and that all items must directly benefit the enrolled child.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Case Manager: _____
Date: _____
Family #: _____
Child # _____