



Ambassadors for Children

An Operating Agency of the Council of Churches of the Ozarks

627 N. Glenstone - Springfield, MO 65802 - 417-862-3586 (phone) - 417-862-2129 (fax)

Adopt-a-Caseworker Program Delivery Request Form (Fax to Sondra Uzzell @ 417-862-2129)

Date: _____ Caseworker: _____

Caseworker's Phone #: _____ Alternate Phone #: _____

Describe the item(s) to be picked up and/or delivered: _____

Item(s) needs to be picked up from (address & name of bldg): _____

Item(s) needs to be delivered to (street address): _____

Attach a Release of Information authorizing Ambassadors for Children to release the client/family address to West Coast Moving & Delivery (fax release with this request form).

*Because use of a delivery service will likely incur costs to be paid by Ambassadors for Children, a submitted request **does not** ensure delivery service use has been approved. If the request is approved, the Caseworker will be notified via email or phone by Ambassadors for Children. Once notified of approval, the Caseworker is responsible for contacting the Delivery Service to schedule delivery. The Caseworker agrees to the following delivery service guidelines:*

- The legal guardian must consent to the release of the child/family residential address to Ambassadors for Children and the Delivery Service
- Caseworker must complete their agency release forms to document the above mentioned consent
- Caseworker must be present at the child/family residence at time of delivery
- Delivery service will deliver to the street address but **will not enter the child/family residence at any time, for any reason**
- Caseworker and child/family must arrange to have item moved inside the residence
- Caseworker must notify the delivery service **in advance** if unable to attend the scheduled delivery time
- Caseworker failure to cancel delivery **in advance** due to inability to attend delivery will result in the Caseworker losing access to the delivery service if it becomes a pattern of behavior.

Caseworker's Signature

Supervisor's Signature

Office Use Only

Delivery Approved
Caseworker notified of approval & DS contact info: Y/N
Delivery Service notified: Y/N
Delivery Service invoice received: Y/N
Invoiced Amount: \$ _____ (paid: Y/N)

Delivery NOT Approved
Reason: _____

Caseworker notified: Y/N