

Parent Support Outreach Program  
Flexible Fund Request

Date of Request: \_\_\_\_\_

Family Name: \_\_\_\_\_

Expenditure Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of funds requested: \_\_\_\_\_

Pay to: Name and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

Home Visitor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Approved by:

Otter Tail County Human Services: \_\_\_\_\_