



**Parenting In Recovery/
Family Drug Treatment Court**

Creating a foundation where families take root and grow.

Palm Square Building, 100 North IH 35, Suite 3000, Austin, TX 78701
Phone: (512) 854-5903 Fax: (512) 854-5907



Please answer all questions and be specific; give details.

Participant Name _____ Date _____

Part 1: Compliance with Program Requirements and Ways that Financial Assistance has been Earned

1. What have you done to earn this request...
 - a. ...Through following Court orders? _____

 - b. ...Through working a recovery program? _____

 - c. ...In gaining the ability to pay bills and support your children? _____

 - d. ...In caring for your children? _____

Part 2: Request for Financial Assistance

2. I need to purchase the following item(s) (be specific): _____

3. Total amount of purchase or payment: \$ _____
4. Amount that I am able to put toward this purchase/payment: \$ _____
5. I have tried to take care of this need without PIR/FDTC assistance in the following ways: _____

6. Number of times that I have made this request or a similar request to the PIR/FDTC: _____



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7. If I am granted this request, I will take care of this need in the future—without PIR/FDTC in the following way: _____

8. If I am turned down by PIR/FDTC for this purchase or payment, this is what will happen: _____

Please attach a current budget to the request form or refer to previous budget when talking with your case manager about the request

Signature of Participant: _____

For PIR/FDTC Committee and Administrative use only (PARTICIPANTS DO NOT NEED TO FILL OUT REQUEST BEYOND THIS POINT):

Additional information regarding this request: _____

Current Program Phase: _____

Recent compliance with Court orders: _____

Previous amount spent on similar requests: _____

Date staffed with management team: _____ Those present: _____

Decision of the PIR/FDTC management team: _____



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BASIC MONTHLY SPENDING PLAN for PIR/ FDTC PARTICIPANTS			
NECESSARY EXPENSES		OTHER EXPENSES	
Rent		Donations (church, 12-Step)	
Electricity, trash, waste		Savings account	
Natural gas		Cable TV & internet	
Water		Eating out	
Telephone		Entertainment	
Food (including snacks, etc.)		Cigarettes	
Car payment		Gifts	
Gasoline		OTHER EXPENSES TOTAL	
Auto insurance			
Auto repairs & maintenance		NECESSARY EXPENSES TOTAL	
Clothing for self		<u>Add:</u> OTHER EXPENSES TOTAL	
Clothing for children		ALL EXPENSES TOTAL	
Laundry & dry cleaning			
Medical & dental costs		TOTAL MONTHLY INCOME FROM ALL SOURCES	
Insurance: Rental, medical			
Haircuts & styling, nail care		<u>Subtract:</u> ALL EXPENSES TOTAL	
Other			
Other		EXTRA \$ or SHORT \$	
NECESSARY EXPENSES TOTAL			