



Parent Stipend

P.O.# _____

Date of Request _____

Meeting Attended _____

Amount Requested _____

Date of Meeting _____

Check Written to: _____

Address: _____

Social Security # on file? Yes No

If no, please enter S.S. # _____ - _____ - _____

Approval Signature

Tonya Block, FCFC Director

Date



**Summit Family &
Children First Council**

PLEASE MAIL COMPLETED REQUEST TO:

Tonya Block, FCFC Director
Summit County Health District
1100 Graham Road Circle
Stow, OH 44224

OR FAX TO: (330) 923-1350