



Tennessee Foster Adoptive Care Association
Walk Me Home Enrichment Fund

The Walk Me Home Enrichment Fund has been established for the sole purpose of supporting and enriching the lives of children and youth in foster care, custodial kinship care, and in special circumstances- adoptive placements. All requests for financial assistance are to be made by submitting an application, which is located on the TFACA website www.tfaca.org or by contacting a member of the Walk Me Home Enrichment Fund Committee.

Requests may be made by DCS Resource Parents, Kinship families of children/youth in custodial care, and Private Provider Resource Parents. It is permissible for adoptive parents to make application for assistance, however these determinations will be made on a case by case basis, based on availability of funds, and present circumstances. Funds may only be accessed when all other resources have been exhausted (e.g. flex funding, DHS, TennCare or appeal process if medical need, scholarships, Chafee funds, local association funds, community organizations, civic groups, churches, CAB's, school system, corporations).

The Walk Me Home Enrichment Fund may be accessed to provide assistance to children and youth in the following areas.

- Summer Camp
- Therapeutic Camp
- Musical Instruments (rental or purchase)
- School Uniforms
- School Supplies
- Extracurricular school fees for sports, clubs, etc.
- Class Trips
- Church Trips
- Classes/Lessons (e.g. piano, ballet, art, gymnastics)
- Registration Fees for child care
- Emergency Needs for Kinship Families (e.g. bedding, clothing, misc. items)

*Please note this is not an all-inclusive list.

Applications for assistance will be reviewed by the Walk Me Home Enrichment Fund Committee. Determinations will be made on a case-by-case basis, dependent on the individual needs of the child or youth and subject to the availability of funds.



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APPLICATION

Name of person making request: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: (home) _____ (cell) _____

Name of Child/Youth: _____ DOB: _____

Relationship to Child/Youth: _____

Placement Date: _____ DCS Region: _____

Type of Home: DCS _____ Kinship _____ Private Provider _____ Other _____

RPS/Family Worker: _____ Contact Number: _____

FSW/Child Worker: _____ Contact Number _____

Case Manager: (if Private Provider Home) _____

Contact Number: _____ Agency: _____

Monthly Board or Foster Care Payment: _____

*Have other resources been explored to meet the child/youth's need?
(Please check all that apply).*

Flex Funding ___ DHS ___ Scholarships ___ Chafee Funds ___ (14 and older)
TennCare/Appeal Process (if medical need) ___ Community Organizations ___
Churches ___ Local Association Funds ___ Civic Groups ___ School System ___
Corporations ___ Other ___ (please specify)

*Please provide a brief summary stating the reason(s) for your request. Please include
1) specific need of child/youth 2) present circumstances and 3) cost of need.*

**Determinations will be made on a case by case basis dependent on the individual
needs of the child or youth and subject to the availability of funds.*

Submit application to: Nicole Coning, Committee Chair, WMH Enrichment Fund
Mail: 131 Cherokee Heights Dr. Maryville, TN 37801
Email: nconing@harmonyadoptions.org
Fax: (865) 982-5950