


Additional Funds Request

Return this form 

Be sure to include all supporting documents.

Email to: Forms@CrissCross.org
 Fax to: 844.845.7167
 Mail to:
 CrissCross
 PO Box 3059
 Sugar Land TX 77478-3059

CLIENT INFORMATION	
Client Name	
Client ID	
Amount Needed	Request Date

EXTRA FUNDS REQUEST
Please explain how the additional funds being requested will be used

Additional information and important request instructions:

- Additional funds being requested must be equal or less to the total balance available in payee account.
- Additional funds requests must be submitted no later than Monday at 6:00PM CST in order to be considered for the current week.
- Funds requests submitted after the close of business on Monday will be reviewed for distribution during the following week.
- Approved funds are made available via debit cards or weekly checks and vouchers.
- Using additional funds to purchase firearms, weapons, drugs or alcohol is not permitted.
- Requests over the amount of \$100⁰⁰ may require a receipt or other forms of proof of purchase.
- Requests can be submitted via phone, email or fax.

Signature Completed by: _____ Date: _____

For CrissCross use only Caseworker signature: _____ Date: _____