

The Yellowstone County Family Treatment Drug Court has some funding to help with your financial needs and to help you access services. The Treatment Team approves any funding or assistance.

We always want to use other community resources first, before Drug Court funding. You must do the following if you are asking for any financial assistance from the YCFTDC.

- **A Budget Reporting Form must be completed and on file.** The Coordinator/social worker can give you this form and help you complete it. If you have changes to this form, please let the Coordinator or social worker know.
- **All requests must be given to the Court Coordinator.** You can call **(657-3156)**, meet in person **(2525 4<sup>th</sup> Avenue N.)**, or write a letter.
- Your request **must include proof that you have asked at least two (2) other agencies/people for help** (a list of possible community resources for this is attached). **You must provide this in writing.**
- **The Team reviews requests on Thursday afternoons only.** Usually they will have an answer for you Thursday afternoons in Court. If you are not scheduled to appear in Court, the Coordinator will contact you by phone on Friday morning with the Team's decision.
- You will **have to pay the Court back for any money given to you to pay old or past due debts** (such as utilities, or phone) **or any new expenses over \$100.** You can pay the Court back in payments and/or in community service hours. You will work with the Coordinator/Team to arrange what will work best for your schedule and needs.
- If you are approved for assistance, **you will not receive any cash directly.** You have to give the Coordinator the name of a person or business the check should be made out to and where to mail it. You are **required to get a receipt for the payment and provide it to the Coordinator.**

If you have any questions, please call Becky Bey, Court Coordinator (657-3156) or your social worker, Melissa (657-3120).

**YELLOWSTONE COUNTY FAMILY DRUG COURT  
Standard Financial Need Assessment Form**

Client Name \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Msg # \_\_\_\_\_

Amount Requested \_\_\_\_\_ Gift? \_\_\_\_\_ Loan? \_\_\_\_\_

What do you need the money for: \_\_\_\_\_  
\_\_\_\_\_

If you are asking this be a loan, how do you intend to pay it back? \_\_\_\_\_  
\_\_\_\_\_

What other agencies/people have you requested assistance for this expense from: **(You must have attempted to find assistance from at least two (2) other sources prior to requesting assistance from the Drug Court)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Household Income:** (Monthly) \_\_\_\_\_

**Total Household Debt/Bills:** (Monthly) \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Request **Staffed** on: \_\_\_\_\_

**Approved for \$** \_\_\_\_\_

Gift: \_\_\_\_\_ Loan: \_\_\_\_\_ **Repayment Plan:** Dollar amount \_\_\_\_\_ to be paid back

Repayment plan: \_\_\_\_\_

My signature indicates that I agree with the repayment plan. I understand that if I don't follow the plan I will be in non-compliance and I could be sanctioned.

Signature: \_\_\_\_\_

**OR**

Number of hours of community service \_\_\_\_\_

Community service schedule: \_\_\_\_\_

**Denied:** \_\_\_\_\_  
\_\_\_\_\_