



COUNTY OF SACRAMENTO

Probation Department

4000 BRANCH CENTER ROAD, SACRAMENTO, CALIFORNIA 95827



JULIE WHERRY
INTERIM CHIEF PROBATION OFFICER

VOYA Transitional Housing Fund Request Form

Probationer's Name: _____ XREF: _____ DOB: _____

Probation Officer: _____ LRP Program: _____

FOR REQUESTS SUBMITTED ON BEHALF OF A PROBATIONER, PLEASE PROVIDE THE FOLLOWING INFORMATION.

LRP PROVIDER PROBATION OFFICER OTHER _____

FULL NAME: _____ AGENCY: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

Nature of Request: _____

Amount Requested: _____

Items Requested: _____

By submitting this form, you are requesting funds and/or items to assist with transitioning out of VOYA. A separate form must be completed for each request.

In the **Nature of the Request** section, please provide a clear and detailed explanation of the intended use or need for the requested funds or items. Submission of this form does not guarantee approval. All requests will be reviewed based on eligibility, resource availability, program and fiscal guidelines.

Please send all forms to: probboardsupport@saccounty.gov

FOR OFFICE USE ONLY

DATE RECEIVED:		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
NAME:		SIGNATURE:	
FUNDS APPROVED: Y OR N	ITEMS APPROVED: Y OR N	DATE APPROVED:	
FUND DISTRIBUTED: Y OR N	ITEMS DISTRIBUTED: Y OR N	DATE DISTRIBUTED:	