



Date: _____

Case Name: _____

Case Number: _____

Caseload: _____

Center: _____

Worker Telephone No.: _____

FH&C Telephone No.: _____

Request for Emergency Assistance, Additional Allowances, or to Add a Person to the Cash Assistance Case (For Participants Only)

Please fill out this form if you need emergency assistance, additional allowances, or to add a person to the case.

Remember:

(1) You may be asked for proof of what you tell us. If you have trouble obtaining proof, your Worker must help you.

(2) You may still need to see your Worker. If you do, you will be given an appointment.

SECTION I: EMERGENCY ASSISTANCE

The type of emergency assistance I am requesting is:

The reason I need emergency assistance is:

(Turn page)

(Worker: Scan and Index this completed form and give the signed original back to the participant.)

SECTION II: ADDITIONAL ALLOWANCES

I am requesting the following allowance(s) for special need(s):

- | | |
|---|--|
| <input type="checkbox"/> Back rent | <input type="checkbox"/> Additional allowance for fuel |
| <input type="checkbox"/> Repair of essential household items | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at the:
Office of Burial Services
33-28 Northern Boulevard, 3rd Floor
Long Island City, NY 11101
Telephone: 718-473-8310 | |

- Expenses related to moving:**
- | | |
|--|---|
| <input type="checkbox"/> Moving expenses | <input type="checkbox"/> Furniture and other household items |
| <input type="checkbox"/> Security deposit/agreement | <input type="checkbox"/> Storage of furniture and personal belongings |
| <input type="checkbox"/> Broker's/finder's fee/voucher | |

New Address: _____
(include apartment number)

City	State	Zip Code
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When did you move? _____ New rent: \$ _____

Landlord's name: _____

Primary tenant's name: _____

Address: _____
(include apartment number)

City	State	Zip Code
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(Turn page)

SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

- | | |
|---|---|
| <input type="checkbox"/> Clothing for participants in job search activities who have exceptional circumstances, such as homelessness or a recent fire and lack of appropriate clothing | <input type="checkbox"/> Child care allowance within approved limits, if needed |
| <input type="checkbox"/> Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items | <input type="checkbox"/> Necessary public transportation |
| | <input type="checkbox"/> Other work activity-related supportive services: |
| | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |

Necessary supportive services will be provided when you begin a work activity. If your needs change or if you are not receiving a needed service, you should apply for an additional allowance.

SECTION IV: ADD PERSON TO CASE

If you do not have all this information, you can still submit this form to your Worker. I want to add the following person(s) to my cash assistance case:

- | | |
|---|---|
| <input type="checkbox"/> New Baby | <input type="checkbox"/> Spouse who previously applied and was denied because of immigration status and his/her status has changed now |
| <input type="checkbox"/> Child entered home | <input type="checkbox"/> Myself/Adult payee to the case |
| <input type="checkbox"/> Child under 18 years of age (whose immigrant status has changed since my last application/recertification) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spouse/Adult living with me who has not previously applied (this person must complete an application to receive assistance) | <input type="checkbox"/> Other _____ |

Name: _____

Name: _____

Date moved in/returned: _____

Date moved in/returned: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number (if known): _____

Social Security Number (if known): _____

Participant's Signature

Date of Request

Time of Request AM PM

Worker's Name

Date