

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:

See next 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:
Burial Claims Unit
25 Chapel Street, Room 606
Brooklyn, NY 11201
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

When did you move? _____ New rent: \$ _____

Landlord's name: _____

Primary tenant's name: _____

Address: _____
(include apartment number)

_____ City _____ State _____ Zip Code

See next 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: |

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