Emergency Assistance Request Form

Please note that this form must be filled out completely. If all fields are not completed, the request will be denied and returned to the client. Documentation of need and current bill must be attached.

Emergency assistance is available on a periodic basis for financially eligible clients when they find themselves in financial hardship due to unforeseen circumstances. Emergency assistance is not meant to be an ongoing supportive service, but rather a temporary assistance to help the client through true occasional emergencies.

Emergency assistance is available upon request pending the availability of funds and financial eligibility. A request may be made by completing the *Emergency Assistance Request Form* and attaching the documentation of need verification. The request must be submitted to your case manager at *Jackson County Health Department, Attn: Southern Illinois HIV Care Connect, P.O. Box 307, Murphysboro, IL 62966 or Confidential Fax: 618-687-4933*. Payment will be made, pending that the service is in the client's name. All documentation must be current in the client file, and proof of *Payor of Last Resort* must be documented.

Client Name:

Current Client Address:

Client Phone:

Are you currently receiving rent and/or utility assistance from any of the following: ☐ LIHEAP ☐ Section 8
☐ ISHOP/Doorways/Fifth Street Renaissance/Interfaith Residence ☐ Western Egyptian
☐ Crosswalk ☐ Shawnee Development ☐ Wadi/Wabash Area Development ☐ Other_____ ☐ None

Request for: _____ Utility Assistance _____ Rent Assistance _____ Mortgage Assistance

Company/Landlord Name and Address: (Current bill must be attached.)

_____ Account Number:_____

_____ Amount requesting:_____

Amount client will pay this month:

What recently changed to cause need? **Check box, write explanation and attach documentation of need**.

___Expenses related to moving
___Loss of Employment
___Unexpected Expenses
___Medical Disability or Emergency
___Loss or Delay of Public Benefit
___Substantial Change in Household Composition
___Moving From Homelessness Into Permanent Housing
___Displacement by Government or Private Action
___Domestic Violence Situation
___Illegal Action by Landlord
___Natural Disaster
___Victimization by Criminal Activity
___Moving Into More Affordable Housing
___Other_____

Must explain and attach documentation for above need:_____

_____

_____

I certify that the information given is accurate and complete to the best of my knowledge and belief. I understand that false statements and/or information are grounds for termination of assistance. I also understand that this request is being made in the case of financial hardship due to unforeseen circumstances for myself, the client. I understand that this request will be processed within the guidelines of the Lead Agency, Southern Illinois HIV Care Connect.

_____ _____
Signature Date

FOR OFFICE USE ONLY

Has client been making regular rent payments?_____ Has client submitted utility assistance requests?_____

W-9 Tax Form received?_____

□ Approved □ Not Approved _____
Project Director Signature Date