

Date: _____
Case Name: _____
Case Number: _____
Caseload: _____
Center: _____
Worker Telephone No.: _____
FH&C Telephone No.: _____

Request for Emergency Assistance or Additional Allowance (For Participants Only)

Please fill out this form if you need emergency assistance or an additional allowance.

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:

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"/> Additional allowance to maintain or restore utility service |
| <input type="checkbox"/> Back mortgage and/or taxes | <input type="checkbox"/> Property repairs |
| <input type="checkbox"/> Pregnancy allowance | <input type="checkbox"/> Replacement of clothing lost as a result of a disaster such as homelessness or fire |
| <input type="checkbox"/> Restaurant allowance because I cannot prepare meals where I am living | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Burial allowance – you or your duly authorized representative must apply for this allowance at:
151 Lawrence Street, 5th Floor
Brooklyn, NY 11201 | <div style="border: 1px solid black; height: 60px;"></div> |

