



HUMAN SERVICES DEPARTMENT EMERGENCY ASSISTANCE FORM

Name: _____ Date: _____

SS#: _____ - _____ D.O.B.: _____ Age: _____ Sex: _____ Ethnicity: _____ Education: _____

Address: _____
Number Street Apt. City State Zip Code

Phone #: (____) _____ - _____ Other Phone #: (____) _____ - _____ **CLIENT STATUS:** New: _____ Existing: _____

HOUSEHOLD INFORMATION: How long resided in the City: _____

Total # In Household: _____ # of Children in Home: _____ Rent Amount: \$ _____ Mortgage Amount: _____

INCOME: Total Household Income: \$ _____ (Annually, Monthly, Bi-Weekly)

CLIENT'S INCOME \$ _____ <i>(Annually, Monthly, Bi-Weekly, Weekly)</i>	OTHER HOUSEHOLD INCOME: \$ _____ INCOME ORIGIN _____ <i>(Spouse, Parent, Child, Etc.)</i>
Employment \$ _____ SSI/SSA \$ _____ Unemployment \$ _____ Start Date: _____ Food Stamps \$ _____ TANF \$ _____ Other(Specify)\$ _____	Employment \$ _____ SSI/SSA \$ _____ Unemployment \$ _____ Start Date: _____ Food Stamps \$ _____ TANF \$ _____ Other(Specify)\$ _____

Has client ever received emergency assistance? Yes No. City Other Agency. If yes, list the agencies, date and type of assistance received. _____

REASON FOR ASSISTANCE: _____

TYPE OF EMERGENCY ASSISTANCE REQUESTED: (Please check form of assistance.)

FOOD	HOUSING	UTILITIES	TRANSPORTATION	OTHER (Specify)
Voucher <input type="checkbox"/> \$ _____	Rental Payment <input type="checkbox"/> \$ _____	Water <input type="checkbox"/> \$ _____	BCT Bus Tickets <input type="checkbox"/>	CLOTHING <input type="checkbox"/> (Specify)
Pantry <input type="checkbox"/> (List Food & Amounts Below)	Mortgage Payment <input type="checkbox"/> \$ _____	FPL <input type="checkbox"/> \$ _____	City Transportation <input type="checkbox"/>	FURNITURE <input type="checkbox"/> (Specify)
1. _____ 2. _____ 3. _____	Shelter Referral <input type="checkbox"/> (Specify)	Client's Contribution: \$ _____		CASH <input type="checkbox"/> (Specify)
4. _____ 5. _____ 6. _____	Hotel Room <input type="checkbox"/> (Specify)	Other Contribution: \$ _____		
Total # of Meals Projected				

I, certify the information I provided above is true. I, further understand this is a service provided through the City of Hallandale Beach and funds are for Emergency Assistance only, pending administrative approval.

SOCIAL WORKER

CLIENT'S SIGNATURE

DIRECTOR'S APPROVAL

DATE