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:
SECTION II: ADDITIONAL ALLOWANCES
I am requesting the following allowance(s) for special need(s):

- Back rent
- Repair of essential household items
- Back mortgage and/or taxes
- Pregnancy allowance
- Restaurant allowance because I cannot prepare meals where I am living
- 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

- Additional allowance for fuel
- Property repairs
- Replacement of clothing lost as a result of a disaster such as homelessness or fire
- Other:

Expense related to moving:

- Moving expenses
- Security deposit/agreement
- Broker's/finder's fee/voucher

Furniture and other household items
Storage of furniture and personal belongings

New Address:

(like article number)

City [ ] State [ ] Zip Code [ ]

When did you move?

Landlord’s name: [ ]

Primary tenant’s name: [ ]

Address:

(like article number)

City [ ] State [ ] Zip Code [ ]

(Turn page)
SECTION III: WORK ACTIVITY-RELATED SUPPORTIVE SERVICES

I am requesting the following supportive services:

☐ Clothing for participants in job search activities who have **exceptional** circumstances, such as homelessness or a recent fire and lack of appropriate clothing

☐ Activity/engagement-related licensing, uniform or durable goods fee within approved limits, upon submission of documentation certifying the need for such items

☐ Child care allowance within approved limits, if needed

☐ Necessary public transportation

☐ 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:

☐ New Baby

☐ Child entered home

☐ Child under 18 years of age (whose immigrant status has changed since my last application/recertification)

☐ Spouse/Adult living with me who has not previously applied (this person must complete an application to receive assistance)

☐ Spouse who previously applied and was denied because of immigration status and his/her status has changed now

☐ Myself/Adult payee to the case

☐ Other ______________________

☐ 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