



Please list all sources of income to include earnings, child support, VA benefits, SSI, SSA, etc. for all household members on Page 1.

- 2) Are you or anyone in your home currently receiving or in the past 12 months received any form of assistance or help from this or any other Job & Family Services or comparable agency in another state?

YES  NO

If yes, please state type and amount of assistance and agency from which it was received:

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- 3) Are you or anyone in your home presently under a sanction or disqualification from any Job & Family Services program?

YES  NO

If yes, state who, type and reason for sanction, and date sanction started: \_\_\_\_\_

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- 4) Do you or any member of your home have any outstanding OWF or PRC fraud overpayment balances?

YES  NO

If yes, state who, amount and explain: \_\_\_\_\_

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Are you currently making payments on that balance now?  YES  NO

- 5) Explain what you need and estimate the amount you are requesting:

Benefit or Service:	Amount needed:	Reason for Need:
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

List community resources explored to meet this need:

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How will this item/service affect your job? \_\_\_\_\_

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Service Provider	Address	Phone	Who did you talk to?	Price each	Price Delivered
1)					
2)					
3)					
1)					
2)					
3)					
1)					
2)					
3)					

A minimum of THREE reliable quotes must be provided for each request not the sole source

6.) Please provide below a statement indicating what caused this emergency:

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand that if the county department of job and family services denies my application, I have the right to request a state hearing.

Applicant Signature	Date
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