Initial

Review

I. EMERGENCY ASSISTANCE	SERVICE APPLICATION					
I am making application for Emediscontinued at my request. I immediately accessible to pay for provided when individuals are reand is requested to establish fee assistance. SIGNATURE OF PAR	realize fees are usually a or them. The Privacy Act quested to disclose their so deral emergency assistance	assessed for these services of 1974 (P.L. 93-579, Section ocial security number. Disclor e eligibility. Failure to disclor	, however, I on 7) require osure of the se this inforr	do not have social secur	e adequate resources ollowing information be ity number is voluntary	
Parent/Guardian or Representative:	/Guardian or Representative: Date:		presentative:		Date:	
Legal Custodian: (On behalf of a child i						
II. HOUSEHOLD						
Child's Name:		County:	County:		Social Security Number:	
Child's Address:						
FAMILYMEMBERS (NAMES)		RELATIONSHIP	D.O.B.	SOCIAL SECURITY NUMBER		
III. EMERGENCY ASSISTANCI	ELIGIBILITY (Check App	propriate Box)				
abuse/neglect or "a an adult family me	at risk" of child abuse/neglec mber refused (without good o	out of home care <b>or</b> b) A child in the control of	and this eme	ergency did n	ot arise because	
This child or family		od Stamps, Medicaid <b>or</b> does	not have suffi	cient resourc	ees	
•	ble to pay for Emergency As	sistance Services. Elative within the last six month	oc or at initial	olocomont		
After completing the	ne initial assessment of this fa	amily or child, my judgment is mergency Assistance Services	that this famil	y or child me		
Emergency Assista	ance Services are authorized	I for a period not to exceed 36	5 days from t	he Service Aı	uthorization Start	
	Authorized Signature:				Date:	