

Stafford Safety Net

Application for Emergency Services

(Attach verification to support request)



To:	Donna Krauss, Human Services Office Michael Muse, Department of Social Services	Date:	
From: (case manager)		Phone:	
		Email:	
Name of applicant:			
Address:			
Case Number: (if applicable)			
Number of Adults in Household:		Names and Ages of all Adults in House hold:	
Number of Children in Household:		Names and Ages of all children in Household:	
Amount Requested:			
Reason for Requested:			
Total net monthly household income:			
Amount Family can apply to bill			
Is this request a lodging extension? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? Previous dates: Extended dates:		
Pay to:			
Address(es):			
Has family received assistance in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and from whom? Amount:		

INCOME	SELF	SPOUSE/MATE	INCOME OF ALL OTHER IN HOUSEHOLD
Social Security			
SSI			
Unemployment			
Public Assistance (GR,TANF)			
Veteran's Benefits			
Retirement			
Wages, Salaries, Tips			
Dividends, Annuities			
Other Contributions (DCSE)			
Resources (savings, etc.)			

CURRENT BENEFITS	
	Amount
Medicaid	
Food Stamps	
Subsidized Housing	
Fuel Assistance/Cooling	
Medicare-Premium	
Other	

EXPENSES					
	DUE	PAID		DUE	PAID
Rent			Health Insurance		
Mortgage			Credit Payments		
Electric			Loan Payments		
Gas			Transportation		
Water			Auto Gas/Repairs		
Food			Auto Insurance		
Clothing			Life Insurance		
Telephone			Home Insurance		
Prescriptions			Taxes		
Doctor			Tithes		
Hospital			Cable		
Other Medical			Other		

TOTAL OF ALL EXPENSES DUE:	
AMOUNT PAID TO DATE THIS MONTH:	
BALANCE DUE THIS MONTH:	

NARRATIVE: (must be completed)

1.	Presenting Problem:
2.	Explain how this intervention will resolve the problem:
3.	What has been done to resolve this problem? What other resources were contacted and/or utilized?
4.	What is the plan for next month?
5.	Social Worker's assessment of citizen's request (if applicable):

Office use only:

Approved by:		Date:	
Denied by:		Date:	
Notes:			