



Emergency Assistance Program Checklist & Financial Application

Staff: _____ Date: _____ Referred by: _____

Consumer Name: _____ Parent/Caregiver: _____

Address: _____ City/State: _____ Zip Code: _____

Contact Number: _____ Email: _____ County: _____

Date of Birth: _____ Age: _____ Gender: _____ Ethnicity: _____

Primary Disability: _____ Payee: _____ Veteran: _____ YES _____ NO

For what services are you requesting financial assistance _____

To apply for and utilize ILCNCO EAP Service, I agree:

I have received, read and understand the following statements including:

- *Release of Information*
- *Statement of Understanding*
- *Determination of Eligibility and Verification of Disability*
- *Confidentiality Statement*
- *Release of Information for Disclosure*
- *Client Assistance and Complaints*

I agree that I meet the definition of eligibility for services as a person with a significant disability. _____

_____ I have not received any Emergency Service funds in the last 90 days

_____ To provide true and accurate information and maintain adequate communications while case is open

_____ To Submit completed intake forms along with COPIES of:

- ID's & Social Security cards for all household members
- All Income statements including **Cash Assistance, SNAP, PRC, Child/Spousal support, etc.**
- All Billing statements with shut-off/disconnect notice
- For Rental Assistance; Rental Agreement, Eviction Notice, Metro verification

_____ To have discussed the delinquency with the Utility Company, Landlord, or Lender

_____ To submit Documents verifying you are on PIPP/HEAP, if not explain _____

_____ To Sign and/or updated Verification of Disability

_____ Intake file must be complete before submitting for review, with 48 hours for committee determination

_____ If approved, to take a course or counseling session in at least one of the following areas:

_____ Budgeting _____ Social Skills _____ Job Research _____ Personal Care _____ Time Management

_____ To Complete an Emergency Assistance Program Evaluation

_____ IF approved, there is \$100 limit on utility and \$450 limit on rent/mortgage

_____ IF approved, there will be NO further eligibility for EAP Program services for a full 24 months

Signature: _____ **Date:** _____



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***** IMPORTANT: ALL EAP SERVICE FILES WILL BE CLOSED AFTER 30 DAYS OF NO CONSUMER ACTIVITY**

PLEASE LIST ALL INCOME FOR EVERYONE LIVING IN YOUR HOUSEHOLD

	Name	Relationship to Child	Age	Amount of Income	Source
1					
2					
3					
4					
5					
6					
	Additional forms of Income	Spousal/Child Support, PRC, Food Stamps, Cash Assistance			

Total amount of your household's monthly income: \$ _____

LIST AND PROVIDE COPIES OF ALL BILLS EXPENSES PAID ON A MONTHLY BASIS
(PLEASE Provide Monthly Rate, Budget, Or Average Amount Of Expense To Determine Total Monthly Expenses)

ITEM	AMOUNT	ITEM	AMOUNT
RENT/MORTGAGE		CREDIT CARDS	
GAS		MEDICAL INS.	
ELECTRIC		LIFE INSURANCE	
CELL PHONE		CAR INSURANCE	
PHONE		HOMEOWNER INS.	
CABLE		CHILD SUPPORT	
INTERNET		METRO HOUSING	
CAR PAYMENT		METRO UTILITY ALLOWANCE	
WATER			
TRASH		Other	

Total amount of your household's monthly expenses: \$ _____