



## CRT Follow-up Form

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant must be able to explain and provide proof of emergency need for assistance.**

|                          |                          |                        |          |
|--------------------------|--------------------------|------------------------|----------|
| <input type="checkbox"/> | Identification (ID)      | Date:                  | _____    |
| <input type="checkbox"/> | Signature on application | Follow-up Date:        | _____    |
| <input type="checkbox"/> | Completed Form           | Date submitted to CRT: | _____    |
| <input type="checkbox"/> | Supporting Documents     | Funds Requested:       | \$ _____ |

### Financial Hardship:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Low Income: Individuals or family insufficient incomes to cover basic necessities like food, housing, and utilities. |
| <input type="checkbox"/> | Job Loss: Unemployment making it difficult to meet financial obligations.  |
| <input type="checkbox"/> | Unexpected Expenses: Medical emergencies, car repairs, or other unforeseen events can create a financial burden.     |

### Specific Circumstances:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Caregiving Responsibilities: Individuals caring for elderly family members or children with disabilities |
| <input type="checkbox"/> | Change in Household: Events like separation, divorce, or death in the family                             |

### Short term

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Preventing homelessness by helping with rent or mortgage payments |
| <input type="checkbox"/> | Emergency shelter   |
| <input type="checkbox"/> | Utility payments and utility deposit assistance                   |
| <input type="checkbox"/> | Special needs related to maintaining or securing employment       |
| <input type="checkbox"/> | Rental deposits   |

### A short-term crisis

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A separation from the family that resulted from domestic violence where the applicant is unable to return home |
| <input type="checkbox"/> | An unforeseen event that makes it difficult to meet one's expenses   |
| <input type="checkbox"/> | A situation that endangers the health and safety of the family   |

### How would you describe their demeanor?

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Aggressive: They appear confrontational and hostile. |
| <input type="checkbox"/> | Calm: They are relaxed and appear composed.          |
| <input type="checkbox"/> | Friendly: They seem approachable and likeable.       |
| <input type="checkbox"/> | Moody: Their demeanor varies and is unpredictable.   |
| <input type="checkbox"/> | Nervous: They seem anxious and uncomfortable.        |
| <input type="checkbox"/> | Rude: They are impolite and disrespectful.           |
| <input type="checkbox"/> | Sullen: They seem gloomy and withdrawn.              |

**Notes: explanation of the reason(s) why they require follow-up.**

[illegible]