

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Application for Emergency Assistance

1. APPLICANT INFORMATION

Name: _____

Street Address: _____ Apt. #: _____

City, State, Zip: _____ Phone #: _____

2. HOUSEHOLD INFORMATION

Please list everyone who lives in your home and their income and assets (Include yourself):

Name	Social Security Number	Date of Birth	Total Monthly Income Before Deductions		Available Assets and Current Values (cash, bank accts., stocks/bonds, life ins., etc.)	
			Source	Amount	Source	Amount

(If more space is required, please attach another sheet)

3. EMERGENCY INFORMATION

Do you have an eviction or foreclosure notice? YES NO

If yes, how much is needed to avoid evictions/foreclosure? \$ _____

Do you have a utility notice of service termination? YES NO

If yes, what utility or utilities? _____

Are you without bulk fuel? YES NO

If yes, how much is needed for a 30-day supply? \$ _____

Are you in need of telephone service and is everyone who lives in your home 65 years or older, or disabled or temporarily incapacitated for at least the next 30 days? YES NO

Are you without any food? YES NO

Are you in need of shelter, clothing and/or household supplies/furnishing due to a fire or some other man-made or natural disaster? YES NO

Are you in need of emergency child care? YES NO
 If yes, what is the cause/reason for the emergency? _____

Are you in need of emergency transportation? YES NO
 If yes, what is your destination and transportation need? _____

Are you in need of emergency medical care? YES NO
 If yes, what is your medical emergency? _____

4. SIGNATURES AND STATEMENTS OF LIABILITY

I understand that, if approved for Emergency Assistance benefits, I will not be eligible to receive Emergency Assistance within 12 months after the beginning date of my 30-day period of eligibility unless I qualify for Emergency Assistance based on a natural or man-made disasters.

I agree to cooperate fully with instructions received from my Worker regarding my request for or receipt of Emergency Assistance benefits and I am fully aware that my failure to cooperate with or failure to otherwise carry out the instructions may cause the denial of or loss of Emergency Assistance Benefits. **I further agree** to cooperate by accepting a referral to community resources in order to eliminate or prevent an emergency.

I understand that I may be asked to provide additional information or verify any or all information entered on this application form and that I will cooperate by providing such information as required in determining for Emergency Assistance benefits; and I authorize DHHR to use and share all such information with other agencies, organizations, or entities to verify eligibility for Emergency Assistance and the amount of benefits.

I agree and authorize any bank, financial institution, governmental agency or department, corporation, business concern or person to furnish any information which relates to my eligibility for Emergency Assistance benefits to DHHR or any of its authorized representatives and **understand** DHHR may use or share such information to verify my eligibility for and the amounts of benefits.

I understand that if I knowingly provide false or fraudulent information that is used in connection with the eligibility determination for Emergency Assistance benefits, I may be subject, upon conviction, to fines or imprisonment or both. **I understand** I will be required to repay benefits received to which I am not entitled.

I understand if I am not satisfied with any action taken on my application or I feel I have been treated unfairly because of my race, color, national origin, sex, religious creed, age, disability, political beliefs, or out of retaliation, I can ask for a Fair Hearing orally or in writing. **I understand** that anyone may attend the Fair Hearing but, if I choose to have a lawyer attend, the Department of Health and Human Resources will not pay the lawyer's fee.

I certify that all statements on this form have been read by me or read to me and that I understand them. **I certify** that all the answers and information provided by me are correct to the best of my knowledge.

 Applicant's Signature Date

 Worker's Signature Date