



## Christos House, Incorporated Emergency Financial Assistance Request Application

**Date:** \_\_\_\_\_

Complete all applicable sections in this application packet.

- In order to process this request, copies of *all* items, as relevant to the request, *are required*.
- Any requested information and/or copies not provided, may prevent this request from being processed and/or may cause this request to be rejected.

Christos House, Incorporated attempts to assist victims of domestic and/or sexual violence and/or other qualified parties equitably. Please note, that parties receiving financial assistance are not eligible to apply for assistance again for another six (6) months upon approval.

**FOR STAFF and MANAGEMENT USE ONLY**

**DO NOT WRITE IN BOX**

<p><b><u>Application Received</u></b> on: _____ By: _____ (Mgmt Initials)</p>	<p>Are all required copies relevant to the request included with application? Yes ___ No ___</p> <p>Staff initials: _____</p>	<p>Are all required fields completed <i>by the applicant</i> (or the applicant's designee) Yes ___ No ___</p> <p><i>If a designee provided assistance, note the designee's name below.</i> Staff initials: _____</p>
		<p>Print Designee's Name: _____</p>
<p><b><u>Application Approved</u></b> on: _____ By: _____ (Mgmt Initials)</p>	<p><b><u>Application Rejected because:</u></b> _____</p> <p>_____</p> <p>on: _____</p> <p>By: _____ (Mgmt Initials)</p>	<p><b>Notes:</b> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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## **Christos House, Incorporated** **Emergency Financial Assistance Request Application**

### **For assistance with utilities:**

If applying:

- For assistance paying a **utility's deposit**, provide a letter, from the utility company's office, on their letterhead, that states:
  - the physical address of the location in which the utilities will be provided and
  - the stated amount of the utility deposit needed to turn the utilities on;

OR

- For assistance paying a **utility bill**, please provide:
  - a copy of the utility bill indicating the physical address of the location where the utilities are provided,
  - which also clearly indicates the amount due, and/or
  - a shut-off notice indicating the amount due and the physical address of the location where the utilities are provided.

### **In all requests for assistance with utilities, please provide:**

- Proof of income (provide all documents that apply for the last four weeks/current within the last 30 days)
  - Check Stubs
  - TANF and/or Food Stamps award letter/printout from DFS (within the last month or most recent)
  - SSI and/or SSD award letter or printout from the Social Security Administration (within the last month or most recent)
- Valid state issued Driver's License or other valid government issued photo ID of applicant and of all parties over the age of eighteen (18) years of age living in the household.
- Social Security cards or a printout from the Social Security Administration listing all Social Security numbers for all members of the household.
- Police report, hospital and/or medical records, legal records, and/or other formal documentation that substantiates relevant and/or current circumstances relating to domestic violence, stalking, harassment, and/or sexual assault which lead to the need for financial assistance.
- Completed application *and* signed authorization to release and/or receive information as included in this application.

*All documentation has been received and reviewed by a victim's advocate/case manager*

**Staff Initials:** \_\_\_\_\_

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## Christos House, Incorporated Emergency Financial Assistance Request Application

### For assistance with rent:

If applying:

- For assistance paying a **rental (security) deposit**, provide a copy of the lease or rental agreement that states:
  - the physical address of the location in which the rental (security) deposit is needed,
  - the stated amount of the rental (security) deposit needed to secure the apartment/house,
  - the contact information (address and telephone number) for the landlord of the unit requiring a rental (security) deposit, and
  - *that the monies paid by Christos House, Inc. for this rental (security) deposit request will be refunded to Christos House, Inc. at PO Box 771, West Plains, MO 65775 upon fulfillment of this lease/rental contract;*

OR

- For assistance paying **rent**, please provide:
  - a copy of the lease or rental agreement indicating
    - the physical address of the location where the rent costs apply,
    - which also clearly indicates the amount of rent due, and
    - the contact information (address and telephone number) for the landlord of the unit requiring a rental assistance.

### **In all requests for assistance with rent monies, please provide:**

- Proof of income (provide all documents that apply for the last four weeks/current within the last 30 days)
  - Check Stubs
  - TANF and/or Food Stamps award letter/printout from DFS (within the last month or most recent)
  - SSI and/or SSD award letter or printout from the Social Security Administration (within the last month or most recent)
- Valid state issued Driver's License or other valid government issued photo ID of applicant and of all parties over the age of eighteen (18) years of age living in the household.
- Social Security cards or a printout from the Social Security Administration listing all Social Security numbers for all members of the household.
- Police report, hospital and/or medical records, legal records, and/or other formal documentation that substantiates relevant and/or current circumstances relating to domestic violence, stalking, harassment, and/or sexual assault which lead to the need for financial assistance.
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## **Christos House, Incorporated** **Emergency Financial Assistance Request Application**

**For assistance with emergency funding costs (i.e., medical costs, long-distance/relocation transportation costs, and/or other):**

If applying:

- For assistance paying **other emergency funding costs - medical**, please provide a copy of a letter on the organization's/agency's letterhead *or* an invoice from a physician's office, hospital, and/or clinic which includes:
  - the physical address of the location in which the medical care is/was needed,
  - the stated amount of the costs for the medical care needed, and
  - the contact information (name, address, and telephone number) for the organization/agency contact providing or who provided the medical care requiring payment;

OR

- For assistance paying **other emergency funding costs – long-distance/relocation transportation costs**, please provide copies of all documents that apply:
  - bus ticket,
  - plane ticket, and/or
  - receipts for costs involved in facilitating client long-distance/relocation transportation costs;

OR

- For assistance paying **other emergency funding costs – other**, please provide copies of all relevant documents, up to and including receipts, for costs related to this emergency financial assistance request.

**In all requests for assistance with emergency funding costs, please provide:**

- Proof of income (provide all documents that apply for the last four weeks/current within the last 30 days)
  - Check Stubs
  - TANF and/or Food Stamps award letter/printout from DFS (within the last month or most recent)
  - SSI and/or SSD award letter or printout from the Social Security Administration (within the last month or most recent)
- Valid state issued Driver's License or other valid government issued photo ID of applicant and of all parties over the age of eighteen (18) years of age living in the household.
- Social Security cards or a printout from the Social Security Administration listing all Social Security numbers for all members of the household.
- Police report, hospital and/or medical records, legal records, and/or other formal documentation that substantiates relevant and/or current circumstances relating to domestic violence, stalking, harassment, and/or sexual assault which lead to the need for assistance.
- Completed application *and* signed authorization to release and/or receive information as included in this application.

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**Staff Initials:** \_\_\_\_\_

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## Christos House, Incorporated Emergency Financial Assistance Request Application

PLEASE PRINT

**Date:** \_\_\_\_\_

**Who is Requesting Assistance?**

<i>Last Name:</i>	<i>First Name:</i>
<i>Social Security Number:</i>	<i>Date of Birth:</i>
<i>Street Address:</i>	<i>City, State, Zip Code:</i>
<i>County of Residence:</i>	<i>Telephone Number(s):</i>

**Additional Household Members:**

<i>Full Name:</i>	<i>Relationship to the Above-Named Party:</i>
<i>Social Security Number:</i>	<i>Date of Birth:</i>
<i>Full Name:</i>	<i>Relationship to the Above-Named Party:</i>
<i>Social Security Number:</i>	<i>Date of Birth:</i>
<i>Full Name:</i>	<i>Relationship to the Above-Named Party:</i>
<i>Social Security Number:</i>	<i>Date of Birth:</i>
<i>Full Name:</i>	<i>Relationship to the Above-Named Party:</i>
<i>Social Security Number:</i>	<i>Date of Birth:</i>
<i>Full Name:</i>	<i>Relationship to the Above-Named Party:</i>
<i>Social Security Number:</i>	<i>Date of Birth:</i>
<i>Full Name:</i>	<i>Relationship to the Above-Named Party:</i>
<i>Social Security Number:</i>	<i>Date of Birth:</i>

*If there are more than five additional household members, please add them on page 9 of this application, under Notes.*

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## Christos House, Incorporated Emergency Financial Assistance Request Application

List all household expenses?

<i>Rent/Mortgage – Name and address of Landlord/Loan Company:</i>	<i>Amount:</i> \$ _____ . _____ /per _____
<i>Utilities – Name and address of Utility Company and what utilities are provided:</i>	<i>Amount:</i> \$ _____ . _____ /per _____
<i>Utilities – Name and address of Utility Company and what utilities are provided:</i>	<i>Amount:</i> \$ _____ . _____ /per _____
<i>Telephone – Name and address of Telephone Company:</i>	<i>Amount:</i> \$ _____ . _____ /per _____
<i>Medical – Name and address of Medical Services Provider:</i>	<i>Amount:</i> \$ _____ . _____ /per _____
<i>Child Care – Name and address of Child Care Provider:</i>	<i>Amount:</i> \$ _____ . _____ /per _____
<i>Child Support and/or Alimony – paid to:</i>	<i>Amount:</i> \$ _____ . _____ /per _____
<i>Other – paid to:</i>	<i>Amount:</i> \$ _____ . _____ /per _____
<i>Other – paid to:</i>	<i>Amount:</i> \$ _____ . _____ /per _____

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## Christos House, Incorporated Emergency Financial Assistance Request Application

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**What assistance is needed?** (Check all that apply)

- Rent Deposit Assistance                       Rent Payment Assistance                       Other  
 Utility Deposit Assistance                       Utility Payment Assistance                       Other  
 Emergency Funding Assistance                       Other

**Why is assistance needed?** (Check all that apply)

- In Shelter                       Unemployed                       Relocating                       Insufficient Income  
 Illness/Death                       Eviction                       Homeless                       Crime Victim  
 Other (Please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How much assistance is needed?**

- \$ \_\_\_\_ . \_\_\_\_                      **for/payable to:** \_\_\_\_\_  
 \$ \_\_\_\_ . \_\_\_\_                      **for/payable to:** \_\_\_\_\_  
 \$ \_\_\_\_ . \_\_\_\_                      **for/payable to:** \_\_\_\_\_

**Have you contacted other agencies for assistance?**

- Yes                                       No

- If "Yes," who?: \_\_\_\_\_, and when: \_\_\_\_\_  
                   who?: \_\_\_\_\_, and when: \_\_\_\_\_  
                   who?: \_\_\_\_\_, and when: \_\_\_\_\_

**Client ID #s:** \_\_\_\_\_

\_\_\_\_\_

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## **Christos House, Incorporated Emergency Financial Assistance Request Application**

**Notes?** – Please include any other information, including additional household members not otherwise listed, that may help further substantiate the reason/purpose for this emergency financial assistance request:

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**By signing this application, I, \_\_\_\_\_, indicate that the information provided is true and accurate to the best of my knowledge.**

**I also recognize that this is solely an application for emergency financial assistance and does not in any way indicate that I will automatically receive emergency financial assistance.**

**Finally, I understand that, if my request is approved (in whole or in part), that I will need to wait six (6) months from my approval date to apply for any further emergency financial assistance from Christos House, Incorporated.**

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Signature

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Date

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Staff Signature

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Date

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# Christos House, Incorporated Emergency Financial Assistance Request Application

## Authorization to Release and/or Receive Information Form

I understand that Christos House, Incorporated has an obligation to keep my personal information, identifying information, and my records confidential.

I also understand that I can choose to allow Christos House, Incorporated to release and/or receive some of my personal information to certain individuals, organizations, and/or agencies.

Therefore, for the purposes of this Emergency Financial Assistance Request Application, I, \_\_\_\_\_, authorize Christos House, Incorporated to share (release **and/or** receive) information relating to this emergency financial assistance request application as such concerns myself and/or my children with the following organizations and/or agencies (check all that apply):

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Any Law Enforcement Agency     | <input type="checkbox"/> Any Medical Treatment Agency | <input type="checkbox"/> Legal Aide  |
| <input type="checkbox"/> Prosecuting Attorney           | <input type="checkbox"/> Public Defender              | <input type="checkbox"/> Lawyer      |
| <input type="checkbox"/> Social Services Agency         | <input type="checkbox"/> Any Housing Agency           | <input type="checkbox"/> DFS         |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Probation/Parole             | <input type="checkbox"/> Day Care    |
| <input type="checkbox"/> Any Mental Health Agency       | <input type="checkbox"/> Any School                   | <input type="checkbox"/> Any Shelter |

Please provide the name(s), address(es), and telephone number(s) of this(ese) party(ies) as selected above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that, in this specific release form, only information relating to the need for and request of emergency financial assistance and verification of the need for and request of emergency funding will be released, discussed, and/or shared.

**By signing this form, I authorize Christos House, Incorporated to proceed with releasing and/or receiving information as designated in this consent. I recognize that this consent is subject to revocation by written notice by me at any time. I also recognize that, if this authorization is refused and/or revoked, Christos House, Incorporated may not be able to assist with the processing of this application. And, finally, I recognize that, unless otherwise noted, this consent expires six months from the date of this signing.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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Christos House, Incorporated  
Release of Information

**READ FIRST:** Before you decide whether or not to let Christos House, Inc. share some of your confidential information with another agency or person, an advocate at Christos House, Inc. will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want Christos House, Inc. to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that Christos House, Inc. has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Christos House, Inc. to release some of my personal information to certain individuals or agencies. Therefore, I, \_\_\_\_\_, authorize Christos House, Inc. to share the following specific information with:

<b>Who I want to have my information:</b>	Name: Specific Office at Agency: Phone Number:
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The information may be shared:  in person  by phone  by fax  by mail  by e-mail  
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

<b>What info about me will be shared:</b>	(List as specifically as possible, for example: name, dates of service, any documents).
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<b>Why I want my info shared: (purpose)</b>	(List as specifically as possible, for example: to receive benefits).
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Please Note: There is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by Christos House, Incorporated.

**I understand:**

- That I do not have to sign a release form. I do not have to allow Christos House, Inc. to share my information. Signing a release form is completely voluntary and that this release is limited to what I write above. If I would like Christos House, Inc. to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from Christos House, Inc.
- That Christos House, Inc. and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

**This release expires on:** \_\_\_\_\_  
Date Time

(Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be short/longer).

**I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Witness: \_\_\_\_\_

**Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)**

I confirm that this release is still valid, and I would like to extend the release until \_\_\_\_\_  
New Date New Time

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Witness: \_\_\_\_\_