



EMERGENCY ASSISTANCE SERVICE APPLICATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 38 (2-2023)

☐ Initial
☐ Review

I. EMERGENCY ASSISTANCE SERVICE APPLICATION

I am making application for Emergency Assistance Services to help my family. I understand that services are voluntary and will be discontinued at my request. I realize fees are usually assessed for these services, however, I do not have adequate resources immediately accessible to pay for them. The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary and is requested to establish federal emergency assistance eligibility. Failure to disclose this information will not affect the receipt of assistance.

SIGNATURE OF PARENT, GUARDIAN, CUSTODIAN, OR REPRESENTATIVE REQUIRED.

Parent/Guardian or Representative	Date	Parent/Guardian or Representative	Date
Legal Custodian: (On behalf of a child in alternative care)			Date

II. HOUSEHOLD

Child's Name	County	Social Security Number	
Child's Address			
FAMILY MEMBERS (NAMES)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER

III. EMERGENCY ASSISTANCE ELIGIBILITY (Check Appropriate Box)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	An emergency exists because: a) A child is in out of home care or b) A child is at risk of out of home care or c) child abuse/neglect or "at risk" of child abuse/neglect or delinquency or unruliness and this emergency did not arise because an adult family member refused (without good cause) employment or training.
<input type="checkbox"/>	<input type="checkbox"/>	This application for Emergency Assistance Services was made by a parent or specified relative of a child under age 21 or by a legal custodian on behalf of a child under age 21.
<input type="checkbox"/>	<input type="checkbox"/>	This child or family member receives TANF, Food Stamps, Medicaid or does not have sufficient resources immediately available to pay for Emergency Assistance Services.
<input type="checkbox"/>	<input type="checkbox"/>	The child has lived with a parent or specified relative within the last six months or at initial placement.
<input type="checkbox"/>	<input type="checkbox"/>	After completing the initial assessment of this family or child, my judgment is that this family or child meets the requirements stated above and is eligible for Emergency Assistance Services. (Any "No" answer means the family is ineligible.)
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Assistance Services are authorized for a period not to exceed 365 days from the Service Authorization Start Date.
Service Authorization Start Date		Date
Authorized Signature		Date

DISTRIBUTION: Human Service Zone
Family