

EA Reform Committee
Family Emergency Information Form

Please complete this form and e-mail or fax it to:

Date _____ Staff Name _____ Phone & e-mail _____
Organization _____

1. What DTA/DHCD office did the family apply for EA? _____
2. What date or dates? How many times?
3. Who specifically has the family spoken to at the DHCD office (if they know)
4. Did DHCD take a written application?
5. If not, what reason was given to the family for not taking a written application?
6. If a written application was taken, what was the date of the written application? Or applications _____
7. Would the family like to share anything about the application experience and their interactions with DHCD staff? (use reverse if necessary)
8. Did family tell DHCD they had nowhere to go tonight?
9. What resources and/or suggestions were they offered in response?
10. What was the specific reason(s) the family was told they were not eligible?

Use back of page if you need more room.

11. Did the DHCD staff member give them anything in writing about why they are ineligible?
(circle one) Yes No If "yes" attach to this form.

12. Family Information

- Name _____
- Phone # _____ Back-up phone # _____
- Number and ages of children _____
- With who and at what address did they sleep last night _____
- Why can't they go back to where they slept last night _____
- Where have they been staying in the past 30 days _____
- What family members, relatives, and friends live in this area _____
- Can we contact any of these people to see if they could stay with them for a short time? If "yes" – who and their contact info? _____

13. Other relevant EA-related information or housing related information (i.e. disabled family member, medical issues, domestic violence history etc.)? _____

14. Can we contact the family to get more information on their EA denial and their emergency housing needs?

(circle one) Yes No

SHORT Resource List

HAP or similar agency - RAFT

MJP *u*

CLA (formerly WMLS) - legal assistance

OTHER??

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF HOUSING STABILIZATION

REQUEST AND AUTHORIZATION FOR ACCESS TO CLIENT RECORD OF:

Client's Name

1. Client Information:

Address:

Date of Birth:

SSN:

Number of Dependents: _____

Category of Assistance: _____

Full names of dependents:

2. I hereby authorize _____, or any other employee or agent of _____

_____ to have access to my record on my behalf until _____.

3. I hereby certify that I am the client named above.

Date

Client's Signature