

SOCIAL SERVICES- EMERGENCY FINANCIAL ASSISTANCE LOAN PROGRAM APPLICATION FORM

THIS IS A LOAN BASED ON CRITERIA SET BY RESOLUTION AND MAY BE REQUIRED TO PAY THE LOAN BACK. IF FUNDS ARE NOT PAID BACK, WE WILL PLACE APPLICANT ON THE "HOLD" LIST UNTIL PAID IN FULL. IF RECIPIENT IS EMPLOYED WITH CCT/CTEC/CTFC, THEY MUST FILL OUT A PAYROLL DEDUCTION FORM TO PAY BACK EFAL PROGRAM.

APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Tribal ID:
Current address:		
City:	State:	ZIP Code:
Phone:	Work:	Cell:
EMPLOYMENT INFORMATION		
Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> student <input type="checkbox"/>		
Are you on Social Security, Disability, LNI or VA? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Current employer:		
Household Monthly Income:	Household size:	
REQUEST INFORMATION		
<i>Please be detailed when filling out the following information; what kind of doctor apt/doctor name. Also please attach appointment verification if you have one.</i>		
Appointment Date:	Appointment Time:	
Reason For Request:		
Name Hospital/Clinic/Funeral Home:		
Address:	Phone:	
City:	State:	ZIP Code:
Name of medical patient. Victim, or who is deceased:		
Relation:		
Are you a TANF Client:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so did they deny you emergency assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a Veteran:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so did they deny you emergency assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a Vocational Rehabilitation Client:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so did they deny you emergency assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on Medicaid (med. Coupons)/DSHS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been Denied by any other department?	Yes <input type="checkbox"/> no <input type="checkbox"/>	Who: _____
Are your Per Capita's being held by any other department?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Who: _____
SIGNATURES		
Signature of applicant:	Date:	

