

Jewish Family Services

EMERGENCY FINANCIAL ASSISTANCE REQUEST

AMOUNT: \$ _____ Grant Portion: _____ Loan Portion _____

NAME: _____ TELEPHONE# _____

ADDRESS: _____

Reason for Financial Assistance: _____

Other Resources Considered: _____

Verified need through following activities: _____

Self-Sufficiency plan developed with client _____

Staff: _____ Approved by: _____
(Loan Administrator)

Recipient: _____ Date: _____

Any check received from Jewish Family Services (JFS) for financial assistance can only be used in the form issued. If due to an emergency, a more expedited process is necessary, you must get approval from your JFS professional and they will make a special processing request to the Business Office for payment in a form other than a check. *The JFS Business Office is the only authorized entity to make an electronic, direct debit or any other method needed to satisfy the creditor.*

A violation of this policy will result in the elimination of future financial assistance for a 12-month period. Additionally if it is determined to be a flagrant violation, the action will result in a stop payment order being initiated by JFS.