



Emergency Services Program Application

Date of Application	
Name of Applicant	
Date of Birth	
Gender	
Preferred Pronouns	he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> other <input type="checkbox"/>
Address	
City, State, Zip	
Can we contact you?	By phone? Y <input type="checkbox"/> N <input type="checkbox"/> By email? Y <input type="checkbox"/> N <input type="checkbox"/> Other:
Message preferences:	Can we leave a detailed message by phone or email? Y <input type="checkbox"/> N <input type="checkbox"/> Can we leave a generic message by phone or email? Y <input type="checkbox"/> N <input type="checkbox"/> Do not leave any messages: <input type="checkbox"/>
Home phone	
Work/cell phone	
Email address	
Race/Ethnicity	
Spanish/Hispanic/Latinx Heritage? Y <input type="checkbox"/> N <input type="checkbox"/>	
Relationship Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____ (write-in)
Is anyone in the household a veteran? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are you homeless? Y <input type="checkbox"/> N <input type="checkbox"/>	
Are you employed? Y <input type="checkbox"/> N <input type="checkbox"/> Retired: Y <input type="checkbox"/> N <input type="checkbox"/>	Employer: _____ Job Title: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Are you a student? Y <input type="checkbox"/> N <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Are you Jewish? Y <input type="checkbox"/> N <input type="checkbox"/>	Would you like to participate in our Chanukah Tzedakah Program? Y <input type="checkbox"/> N <input type="checkbox"/> Would you like a holiday basket? Y <input type="checkbox"/> N <input type="checkbox"/> Kosher? Y <input type="checkbox"/> N <input type="checkbox"/>
Do you have concerns about housing? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have concerns about finances? Y <input type="checkbox"/> N <input type="checkbox"/>	



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Others In Household/Related contacts

Name, first and last	Relationship	Date of birth	Race/Ethnicity	Gender

Describe your crisis and the help you are seeking:

Is your crisis related to COVID19? Please explain

Do you have a resolution to the crisis? Please explain

Have you sought help previously from JFS? _____ If yes, when? _____

How did you hear about JFS? _____

What other agencies have you turned to for help with this situation? _____

If you are seeking financial assistance, what can you contribute? _____

Health Information

Do you have current health concerns? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have current mental health concerns? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you have a health care provider? Y <input type="checkbox"/> N <input type="checkbox"/>	Provider: _____
Do you have health insurance? Y <input type="checkbox"/> N <input type="checkbox"/>	Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Dual <input type="checkbox"/>
Do you have a disability?	Y <input type="checkbox"/> N <input type="checkbox"/>
Are you unable to work?	Y <input type="checkbox"/> N <input type="checkbox"/>



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Income Information

Type of Income	Amount of Monthly Income	Spouse, Partner or other Recipient
Any income received due to COVID19		
Wages (monthly)		
Social Security (SSA)		
Social Security (SSI)		
Social Security Disability (SSDI)		
Unemployment Compensation		
Pension		
Investment/Checking/Savings account		
Child Support		
SNAP- Food Benefits		
State Assistance such as TANF, or other DSHS cash		
Holocaust Restitution		
Other Income		

Expense Information

Type of Expense	Estimated Monthly Amount
Housing/Rent/Mortgage amount	
Water/Sewer/Garbage	
Electricity/Heating	
Phone/Cell Phones	
Internet/Cable	
Food	
Household/Hygiene items	
Transportation, gas, car payment, bus fare, etc.	
Auto Insurance	
Health Care-Insurance Premiums	
Health Care-Insurance costs-out of pocket	
Home care costs	
Childcare costs	
Wages garnished	
Child support payments	
Credit card payments	
Personal debt payments	
Other loan payments	
Other expense amount	
Other expense type	



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If you are requesting funds for rental assistance, move-in assistance, or security deposit for housing, please complete this section:

Current Housing Status:

- Emergency Shelter
- Shared (family/friends)
- Rental (market-rate)
- Homeless (includes "couch surfing")
- Transitional Housing
- Rental (subsidized)
- Other _____

Monthly Housing/Rent/Mortgage Amount: \$ _____

If applicable, date of new rental lease/agreement: _____

Type of Housing: Apartment Condo Townhouse House Other _____

Address of your rental unit (if different than noted on first page)

Contact Information for Landlord/Property Manager

Name: _____

Address	Phone number	Email address

Rental assistance or subsidies you will receive from other organizations (if any). List name and amount for each: _____

Examples: Section 8 voucher, tax credit, shared housing, first month's rent, last month's rent, rent subsidy, eviction prevention, other (please explain) _____

I give permission for JFS to contact my property manager or landlord (fill in name) _____ and my property manager/landlord has permission for one year to inform JFS of my current status within the unit and if my rent is paid. I understand that my case manager will contact me at 6 months and 12 months from the time I received assistance to confirm my housing status. This authorization ends upon termination of services.

Signature of Applicant _____

Date _____

I verify that all information given to JFS is complete and accurate. I understand that if the information is found to be inaccurate, assistance will not be provided.

Signature of Applicant _____

Date _____