

### JFSA's Financial Assistance Agreement with Participants

In order to qualify for the Financial Assistance program, administered by Jewish Family Service of Cleveland (JFSA), the below named Participant must be experiencing a crisis created by the current economic situation that impacts his/her basic needs. Each request for financial assistance is assessed according to the following criteria:

- a. Immediacy of the threat of loss of essential services
- b. Immediacy of health risk
- c. Impact on minors or seniors
- d. Level of cooperation and motivation to be self-sufficient
- e. Chronic nature and/or prior history of need.

Participant understands that the amount of money available for assistance submitted by Participant's current request ("Request") is limited and shall be provided at the discretion of JFSA. The goal of any and all assistance is tied to a plan that will promote self-reliance. Further, Participant understands that any additional Request will only be considered if Participant is in compliance with a realistic plan outlined in cooperation with his/her social worker and/or Forward Focus, a financial literacy program. Additionally, Participant fully understands that financial assistance dollars from any sources available to JFSA are extremely limited and are unable to be used to sustain ongoing funding on Participant's behalf. Furthermore, Participant understands that any and all assistance received is specific to Participant's situation and the details of any monies paid directly to any vendor on Participant's behalf will remain confidential and not shared by Participant with anyone outside of JFSA.

Participant acknowledges that the monies distributed by JFSA on his/her behalf, based on Participant's Request, are made directly to each individual vendor and never to Participant directly. Participant is not a party to any one or more of these payments. In regard to any service or work attributed to such payment, Participant holds JFSA, its employees, its independent contractors, its Board members, and/or affiliates harmless for any/all claims, damages, and/or injuries that may arise from one or more of these payments made on Participant's behalf.

The undersigned has read and consents to JFSA's Financial Assistance Agreement with Participants.

Client/Participant Name: \_\_\_\_\_

Client/Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_