

**PLACE A COPY OF THIS APPLICATION IN THE DHS CASE RECORD,  
FAMILY SECTION, AS VERIFICATION OF REASONABLE EFFORTS.**

APPLICATION # \_\_\_\_\_  
(PHMC use only)

APPLICATION PAGE 1 of 4

**DHS CHILDREN AND YOUTH DIVISION  
EMERGENCY CHILD PLACEMENT PREVENTION AND FAMILY REUNIFICATION FUND  
APPLICATION (REVISED, EFFECTIVE: APRIL 1, 2004)**

Date Application Submitted: \_\_\_\_\_ Date Application Received by PHMC: \_\_\_\_\_  
Date application is submitted should be within one month of date received at PHMC

**PART I. (attach additional pages if necessary in completing all questions)**

DHS Social Worker Name: \_\_\_\_\_ Provider Agency Social Worker Name: \_\_\_\_\_  
Provider Agency Name: \_\_\_\_\_

Agency submitting application: DHS  or Provider

DHS, please enter the date the application was faxed to the provider agency? Date \_\_\_\_\_  
Provider Agency, please enter the date the application was faxed to DHS? Date \_\_\_\_\_

Family/Caregiver Name(s) & Relationship:	DHS Case #
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Suffix: _____	Child Name: _____	Suffix: _____	Child Name: _____
Suffix: _____	Child Name: _____	Suffix: _____	Child Name: _____
Suffix: _____	Child Name: _____	Suffix: _____	Child Name: _____

**II. Specifically, this family needs are:**

<b>III. Will this assistance:</b> <b>(check one and only one)</b>	Prevent placement within 3 months <input type="checkbox"/>	Child leaves DHS paid care Within 6 months (Facilitate reunification) <input type="checkbox"/>	Achieve adoption or permanent legal custodianship by DHS paid caregivers within 12 months <input type="checkbox"/>
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**IV. Explain how the requested items will strategically produce the outcome checked in Section III?**

**V. What has the family done to overcome the situation and what other resources have been explored?**  
Please circle the resources on page 2 that have been explored and list any other resources that have been contacted.

**VI. What is the plan for avoiding the same occurrences in the future?**  
What is the family's income?

What is/are the source(s) of the family's income?

What is the budget plan to prevent future emergencies for this family?

I have read this application in full. All the information given to the agency concerning this emergency grant is correct to the best of my knowledge. If any information provided is found purposely inaccurate or false, I am responsible for paying back the money paid on my behalf, and I will not be able to re-apply for emergency funding.

**Signatures:**

\_\_\_\_\_  
Parent/Caregiver

\_\_\_\_\_  
Family Social Worker

\_\_\_\_\_  
Family Social Worker's Supervisor

\_\_\_\_\_  
DHS or Provider Agency Reviewing Administrator

\_\_\_\_\_  
Administrator's Phone Number

**DHS CHILDREN AND YOUTH DIVISION  
EMERGENCY CHILD PLACEMENT PREVENTION AND FAMILY REUNIFICATION FUND  
FREQUENTLY USED RESOURCES**

**Housing Resources**

Philadelphia Housing Authority	
642 N. Broad Street, 19130- Section 8 Program	215-684-4300
642 N. Broad Street, 19130- Admissions for Public Housing	215-684-4477/4352
For General Information about the Philadelphia Housing Authority	215-684-4000
Section 8	215-684-4300
Office of Emergency Shelter and Services (OESS)	
Intake and Social Services for Women, Families and Couples	
Office of Services to the Homeless and Adults	
141 N. Juniper Street	215-686-7150/52
Tenant's Action Group Of Philadelphia (TAG)	215-575-0700
Pennsylvania Housing Finance Agency	800-342-2397
Philadelphia Council for Community Advancement – Home Owner's Emergency Mortgage Assistance Program (HEMAP)	215-567-7803

**Utilities**

PGW Customer Responsibility Program(CRP), Low Income Home Energy Assistance Program(LIHEAP), Crisis Grant	215-235-1000
PECO Customer Assistance Program (CAP)	800-774-7040
Water Revenue Assistance Program (WRAP)	215-686-6880
Energy Coordinating Agency Of Philadelphia	215-988-0929
Dependency Project (Cases involving DHS) 1424 Chestnut St., 19102	Energy Unit at CLS 215-981-3777

**Repairs**

Emergency Rental Repairs/Licenses & Inspections	215-686-2463/64/65
Renters' Heater Repair	215-686-2590
Weatherization Assistance Program (WAP)	215-448-2137
Emergency Repair Hotline (Plumbing & Electrical)/ Philadelphia Housing Development Corporation	215-448-2160
Heater Hotline Program	215-568-7190
Emergency Coordinating Agency	215-988-0929
Basic System Repair Program	215-448-2160

**Emergency Services**

Community Legal Services - 1424 Chestnut St., 19102	215-981-3700
License & Inspections	215-686-2463/64/65
Lawyer Referral & Information Service	215-238-6333
Legal Line	215-238-6333
District Attorney's Office	
Contempt/Domestic Violence Unit	215-686-8097
Family Court - Domestic Relations	
Child custody and child support issues	215-686-7466
Public Interest Law Center	
125 S. 9th St., Suite 1700	215-627-7100
Legal Hotline for Older Americans	800-262-5297
Women Against Abuse - Legal Center	
100 S. Broad St., 5th floor, 19110 (as of 9/29/98)	215-686-7082
Dependency Project (Cases involving DHS)	215-981-3765

**Emergency Items**

Helping Hand Rescue Mission	215-627-1656
610 N. 6th St., 19123	
The Clothes Closet/Mary Gray Women's Ministry	215-232-6004
Lending Closet - MOCS (Monique McCallister Fox, Program Director)	215-685-1940/1944
5828 B Market Street, 19139	
Amnion Crisis Pregnancy Center	610-622-9957
Society of St. Vincent de Paul (Headquarters Number: 610-825-8125)	
2031 Oregon Avenue., 19145	215-334-9697
949 N. Marshall St., 19123	215-627-7020
6247 Frankford Ave., 19135 (Opened 4/99) -Largest of the sites	215-624-4860
United Methodist Neighborhood	215-236-0304
804 N. Broad St., 19130	
St. Benedict's Thrift Shop	235-1848/423-5845
439 W. Girard Ave., , 19123	
Neighborhood Parenting Program	215-535-3975
4442 Frankford Ave., 19124	
The Working Wardrobe for Women	215-568-6693
The Working Wardrobe for Men (Street Clothes Project)	215-464-3955
(The) Lighthouse	
152 W. Lehigh Ave., 19133	
Frankford Group Ministry's Emergency Assistance Program	215-744-2911/ 215-425-7804
Salvation Army Family Thrift Stores - New Items arrive daily	
6432 Rising Sun, 19111	215-728-9616
4555 Pechin, 19128	215-487-9993
3219-25 Kensington, 19134	215-634-9949
6427 Torresdale Ave, 19135	215- 624-9487
2140 Market St., 19103	215-567-9734
729 Long Lane, Upper Darby, PA	610-623-9616
Car Seat Resource Phila Dept of Health	Betty Ann Gerhart 215-685-7485
Fire Extinguishers	Jill St. Clair Simpson 215-683-6059

**DHS CHILDREN AND YOUTH DIVISION  
 EMERGENCY CHILD PLACEMENT PREVENTION AND FAMILY REUNIFICATION FUND  
 ITEMIZED REQUEST FORM**

AMOUNT REQUESTED	DISTRIBUTION (MV=mail to vendor MA= mail to administrator PK= pick-up at PHMC)	VENDOR'S NAME/ADDRESS
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**The Social Worker is responsible to ensure that the payment is received by the vendor and that the goods/services are delivered.**

***HOUSING:***

- |   |          |       |       |
|---|----------|-------|-------|
| • Rent for long-term lease                      | \$ _____ | _____ | _____ |
| • Rent arrears (exhaust OESS whenever possible) | \$ _____ | _____ | _____ |
| • Mortgage arrears                              | \$ _____ | _____ | _____ |
| • Utility deposits/arrears                      | \$ _____ | _____ | _____ |
| • Security Deposit*                             | \$ _____ | _____ | _____ |

**\*It is the Social Worker's responsibility to ensure that the security deposit is received by the landlord, and if the property is no longer available, to arrange to have the check returned to PHMC before a new check can be issued for the same family.**

***EMERGENCY HOME REPAIRS:***

- |   |          |       |       |
|---|----------|-------|-------|
| • Plumbing/roofing/electrical/heating/<br>windows/banisters/locks/doors | \$ _____ | _____ | _____ |
| • One time cleaning or junk disposal                                    | \$ _____ | _____ | _____ |
| • Pest Control (6 months max)   | \$ _____ | _____ | _____ |

***EMERGENCY SERVICES:***

**This category is not eligible for prevent placement applications**

- |   |          |       |       |
|---|----------|-------|-------|
| • Babysitting/Respite service                 | \$ _____ | _____ | _____ |
| • Legal service                               | \$ _____ | _____ | _____ |
| • Short-term therapeutic support (\$500 max.) | \$ _____ | _____ | _____ |

***EMERGENCY ITEMS:***

Refrigerator (\$450 maximum/ 1 per caregiver)      \$ \_\_\_\_\_

**The below items are not eligible for prevent placement applications**

- |  |          |       |       |
|--|----------|-------|-------|
| • Bed/Crib(\$250 maximum)                  | \$ _____ | _____ | _____ |
| • Dinette (\$350 maximum/ 1 per caregiver) | \$ _____ | _____ | _____ |

***OTHER EMERGENCY EXPENSES:*** This category can be used for any emergency expenses that are not listed on the application but are considered necessary to achieve one of the listed outcomes. The DHS Commissioner or Designee must approve applications with "other" items. The review process is rapid, and should encourage potential applicants to submit creative, appropriate requests on behalf of the families with whom they work.

\$ \_\_\_\_\_

**TOTAL AMOUNT REQUESTED**      \$ \_\_\_\_\_

**If supporting documentation is missing from the application, (for example, quotes) the subsequent submitted documentation must be signed by both supervisor and administrator.**

**When clarification is needed for an application, this clarification must be received by PHMC within 30 days of the original application submission date or a new application must be submitted.**

APPLICATION # \_\_\_\_\_  
(PHMC use only)

**DHS CHILDREN AND YOUTH DIVISION  
EMERGENCY CHILD PLACEMENT PREVENTION AND FAMILY REUNIFICATION FUND  
NOTIFICATION OF PAYMENT**

**I For applicant to complete:**

DHS Case# \_\_\_\_\_

Please fax this notification to: \_\_\_\_\_ (name) at \_\_\_\_\_ (fax number).

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**II For PHMC to complete:**

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ was mailed to \_\_\_\_\_ (vendor) on \_\_\_\_\_ (date).

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ was mailed to \_\_\_\_\_ (vendor) on \_\_\_\_\_ (date).

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ was mailed to \_\_\_\_\_ (vendor) on \_\_\_\_\_ (date).

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ was mailed to \_\_\_\_\_ (vendor) on \_\_\_\_\_ (date).

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ was mailed to \_\_\_\_\_ (vendor) on \_\_\_\_\_ (date).

\_\_\_\_\_  
PHMC's Processors Signature

\_\_\_\_\_  
Date Faxed