

Philadelphia Department of Human Services Emergency Child Placement Prevention and Family Reunification Fund

ALL QUESTIONS MUST BE ANSWERED FOR APPLICATION TO BE CONSIDERED.

Date Application Submitted to PHMC: _____

DHS Case Number: _____ DHS Social Worker: _____

Provider Agency: _____ Provider Social Worker: _____

Agency Submitting Application: DHS Provider Provider Type: FSS IHPS RSRI
 PBC Foster Care Other Permanency Type

Date discussed with the DHS/Provider social worker: _____ Is he/she in agreement? Yes No

Date the application was faxed to the DHS/Provider social worker: _____

Family/Caregiver Name(s) & Relationship: _____

| | | | Description of Child's Need: | Cost of Need: |
|---------|---------------|------|------------------------------|------------------|
| Suffix: | Child's Name: | Age: | | \$ |
| Suffix: | Child's Name: | Age: | | \$ |
| Suffix: | Child's Name: | Age: | | \$ |
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| Suffix: | Child's Name: | Age: | | \$ |
| | | | | Total: \$ |

Description of specific **Household** needs: _____

Amount Requested: \$ _____

This assistance will: **Prevent Placement** within 3 months **Facilitate Reunification** child leaves DHS paid care within 3 months **Achieve Adoption/Permanent Legal Custodianship** by DHS paid Caregivers within 3 months
 (check only one)

Explain how the requested items will produce the outcome checked above.

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Explain how failure to obtain the item(s) will affect the outcome.

The Emergency Fund is a service of last resort. A list of other resources explored must be attached to this application. Address ALL of the following:

- What have the family, provider, and DHS done to overcome the situation and what other resources have been explored?

- What is the plan for avoiding the same occurrences in the future?
Note: If requesting payment for utility, mortgage, or other arrears, explain how/why the delinquency occurred and how payment of subsequent bills will be sustained if the arrears is reduced or paid off by the Emergency Fund.

FAMILY INCOME WORKSHEET

Number of All adults in the home: _____ Number of ALL children in the home: _____

| Income | |
|--------|---|
| \$ | Salary (Caregiver) |
| \$ | Salary (ALL other adults in home) |
| \$ | Public Welfare grant (include all grants) |
| \$ | Food Stamps |
| \$ | Social Security |
| \$ | Child Support |
| \$ | Unemployment benefits |
| \$ | Other: |
| \$ | Other: |
| \$ | Other: |

| Expenses | |
|----------|-----------------------------------|
| \$ | Rent/Mortgage |
| \$ | Electric |
| \$ | Gas |
| \$ | Water |
| \$ | Phone |
| \$ | House Supplies/Laundry |
| \$ | Food |
| \$ | Transportation and/or Car payment |
| \$ | House/Car Insurance |
| \$ | Clothing |
| \$ | Cell Phone |
| \$ | Miscellaneous: |

| Stipends | |
|----------|----------------------------------|
| \$ | Kinship Care/Foster Care Stipend |
| \$ | Adoption/PLC subsidy |

Total Incoming Revenue: \$ _____ Total Expenses: \$ _____ Monthly Savings: \$ _____

If the only revenue sources noted above are public welfare grant and/or food stamps, please indicate if client is:

- Looking for employment: Yes No If "No", why not? _____
- Enrolled in a vocational training program: Yes No If "Yes", where? _____

If the total expenses are greater than the total income, explain how this is sustainable: _____

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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, and I agree to allow my social worker to review any bills and expense in the future as a condition of receiving this grant.

Signatures:

Parent/Caregiver signature: _____ Social Worker signature*: _____

Reviewed by: _____ Approved by: _____
Family Social Worker's Supervisor signature DHS or Provider Agency Reviewing Administrator signature

Administrator's Name: (please print) _____ Administrator's phone: _____

* The social worker is responsible to ensure that the vendor receives the payment and that the goods/services are delivered or security deposit is received by the landlord. If for some reason the services are not delivered or the housing is no longer available, the social worker must return the check to PHMC before a new check can be issued for the same family. The social worker is also responsible for regularly reviewing the family's budget and expenses as a condition of receiving this grant.

Please mail or drop off Application to:

PHMC
ATTN: DHS Emergency Fund
260 South Broad Street, 18th floor
Philadelphia, PA 19102

**Philadelphia Department of Human Services Emergency Child Placement Prevention and Family Reunification Fund
 ITEMIZED REQUEST FORM**

| | Amount | Check delivery* | Vendor (name/address/zip) | PHMC use: Payment Date |
|--|--------|--|---------------------------|------------------------|
| HOUSING: No utility arrears will be paid without an agreement or statement that an agreement cannot be reached from utility company. Attach agreement | | | | |
| Rent for long-term lease | \$ | | | |
| Mortgage/Rent arrears | \$ | | | |
| Utility deposits/arrears | \$ | | | |
| Security Deposit (minimum one year lease) | \$ | | | |
| EMERGENCY HOME REPAIRS: Any repair work over \$900 must submit a 2nd estimate and contractor's license. Any repair work over \$1,500 must submit a 3rd estimate and contractor's license. | | | | |
| Plumbing/roofing/electrical/heating/ windows/banisters/locks/doors | \$ | | | |
| One time cleaning or junk disposal | \$ | | | |
| Pest Control (6 months max) | \$ | | | |
| EMERGENCY SERVICES | | | | |
| Babysitting/Respite service | \$ | | | |
| Short-term therapeutic support (\$500 maximum) | \$ | | | |
| EMERGENCY ITEMS | | | | |
| Refrigerator (\$450 maximum) | \$ | | | |
| Child Bed: (\$250 maximum per child) Twin beds & bunk beds only | \$ | | | |
| Other: | \$ | | | |
| 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. | | | | |
| Describe expense: | \$ | | | |
| Total Amount of Request: | \$ | *Payment codes: MV = mail vendor; MA = mail administrator; PU = pick up at PHMC | | |

When clarification is needed for an application, PHMC will e-mail notify the signing Administrator. Applications will be inactivated 30 days after last contact with the signing Administrator and a new application must be submitted.

Philadelphia Department of Human Services Emergency Child Placement Prevention and Family Reunification Fund
ALLOWABLE HOUSE HOLD EXPENDITURES AND ACCEPTABLE DOCUMENTATION

I. Rent for long-term lease and/or Rent arrears

- Copy of Lease (must be at least a one year agreement)
- Copy of Housing Inspection License (No Housing Inspection License is needed if request is Section 8 or outside the City of Philadelphia)
- Letter from Landlord/owner notifying of arrears amount
 - » If start date for the Lease began one month or more prior to receipt of EF Application, the Social Worker must confirm with the Landlord that the property is still available and verify this confirmation in writing (via e-mail or hard copy) to the EF Administrators.
 - » If the letter from the Landlord is over 1 month old, the Social Worker must confirm with the Landlord that the family has not been evicted and verify this confirmation in writing (via e-mail or hard copy) to the EF Administrators.
- Letter signed by the Caregiver stating how the difference will be paid if the request is greater than the allowable amount.
- Security Deposit and rent for a long term lease limits are between \$1500 (for a family with a single child) to a maximum of \$2500 for a family with three or more children.
- Relationship to the parent/caregiver if owner of property or name on utility bill is different than parent/caregiver.

II. Mortgage Arrears

- Copy of current mortgage bill
- Letter signed by the Caregiver stating how the difference will be paid if the request is greater than the allowable amount.
- Relationship to the parent/caregiver if owner of property or name on utility bill is different than parent/caregiver.

III. Utility deposits/arrears

- Copy of current utility bill for amounts being requested.
- Relationship to the parent/caregiver if owner of property or name on utility bill is different than parent/caregiver.
- Documentation of payment agreement for utility arrears from Utility Company or a Letter from Utility Company stating why an Agreement will not be given.
- Letter signed by the Caregiver stating how the difference will be paid if the request is greater than the allowable amount.

IV. Plumbing/roofing/electrical/heating/window /banisters/locks/doors; one time cleaning or junk disposal; or pest control (6 months max)

- Must show proof of ownership and relationship as noted above.
- Copy of Contractor's License
- Must submit bill or quote for equipment and services to be performed. Include company's tax ID number or social security number if payment is to be made to an individual performing the repair.
- A 2nd quote and License if the expense is over \$ 900.
- A 3rd quote and License if the expense is over \$1,500.
- Letter signed by the Caregiver stating how the difference will be paid if the request is greater than the allowable amount.

Note: All quotes must be itemized so that non-emergency items can be identified and deducted from essential repairs

V. Refrigerator (\$450 maximum)

- Copy of quote from the vendor
- Letter signed by the Caregiver stating how the difference will be paid if the request is greater than the allowable amount.

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ALLOWABLE CHILD EXPENDITURES AND ACCEPTABLE DOCUMENTATION

I. Babysitting/Respite service; or short term therapeutic supports

- Bill/quote that describes services to be performed along with number of hours and hourly rate charged.
- Emergency Child Line Clearance required for babysitters and respite providers.
- Company's tax ID number or individual's social security number.
- Letter signed by the Caregiver stating how the difference will be paid if the request is greater than the allowable amount.

II. Clothing expenditures

- Layaway document describing the items to be purchased.

III. Beds (\$250 Maximum per bed, twin beds and bunk beds only)

- Copy of quote from the vendor.
- Letter signed by the Caregiver stating how the difference will be paid if the request is greater than the allowable amount.

IV. 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 not prevent potential applicants from submitting creative, appropriate requests on behalf of the families with whom they work. **Please note, all payments are to be made directly to the specified vendor. A letter from the sending Agency must be submitted explaining the nature of the Emergency as well as all appropriate supporting documentation.**