

PHILADELPHIA DEPARTMENT OF HUMAN SERVICES

EMERGENCY CHILD PLACEMENT PREVENTION AND FAMILY REUNIFICATION FUND

All questions must be answered for Applications to be considered complete.

Date application submitted to PHMC: _____

DHS Case #: _____ 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 Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$
Suffix: Child Name: Age:		\$

Description of specific **Household** needs: _____ **TOTAL**
AMOUNT REQUESTED: \$

This assistance will: <u>(check only one)</u>	Prevent Placement within 3 months <input type="checkbox"/>	Facilitate Reunification —child leaves DHS paid care within 3 months <input type="checkbox"/>	Achieve Adoption/Permanent Legal Custodianship by DHS paid Caregivers within 3 months. <input type="checkbox"/>
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Explain how the requested items will produce the outcome checked above.

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: _____

<u>INCOME</u>	<u>EXPENSES</u>
\$ _____ Salary (Caregiver)	\$ _____ Rent/Mortgage
\$ _____ Salary (ALL other adults in house)	\$ _____ Electric
\$ _____ Public Welfare grant (include all grants)	\$ _____ Gas
\$ _____ Food Stamps	\$ _____ Water
\$ _____ Social Security	\$ _____ Phone
\$ _____ Child Support	\$ _____ House supplies/laundry
\$ _____ Unemployment benefits	\$ _____ Food
\$ _____ Other: _____	\$ _____ Transportation and or Car payment
\$ _____ Other: _____	\$ _____ House/Car insurance
\$ _____ Other: _____	\$ _____ Clothing
	\$ _____ Cell Phones
	\$ _____ Miscellaneous: _____
<u>STIPENDS</u>	
\$ _____ Kincares/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: (circle one) 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:

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 arrange to have the check

returned 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.

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.

Mail completed Applications to:
 ATTN: DHS Emergency Funds
 PHMC
 Market Square East
 1500 Market Street– Suite 1500
 Philadelphia, PA 19102

**DHS EMERGENCY CHILD PLACEMENT PREVENTION AND FAMILY REUNIFICATION FUND
ALLOWABLE HOUSE HOLD EXPENDITURES AND ACCEPTABLE DOCUMENTATION**

(1) 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.

(2) 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.

(3) 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.

(4) 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

(5) 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.

**DHS EMERGENCY CHILD PLACEMENT PREVENTION AND FAMILY REUNIFICATION FUND
ALLOWABLE CHILD EXPENDITURES AND ACCEPTABLE DOCUMENTATION**

(1) 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.

(2) Clothing expenditures

- Layaway document describing the items to be purchased.
- Letter signed by the Caregiver stating how the difference will be paid if the request is greater than the allowable amount.

(3) 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.

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.**

Mail completed Applications to:

ATTN: DHS Emergency Funds
PHMC
Market Square East
1500 Market Street– Suite 1500
Philadelphia, PA 19102