

DHS CUA Emergency Placement Prevention and Reunification Fund	Date submitted:	DHS Case #:
	Case Name:	
CUA Case Manager:	Phone#:	Email:
CUA Supervisor:	Phone#:	Email:
CUA Case Management Director:	Phone#:	Email:
CUA Agency Name:		

Parent or Caregiver Name: Relationship:	Description of a particular child's or youth's need:	Cost of Need:
Suffix: Child or Youth Name: Age:		\$
Suffix: Child or Youth Name: Age:		\$
Suffix: Child or Youth Name: Age:		\$
Suffix: Child or Youth Name: Age:		\$
Suffix: Child or Youth Name: Age:		\$
Suffix: Child or Youth Name: Age:		\$
Suffix: Child or Youth Name: Age:		\$
Description of specific Household needs:		TOTAL REQUEST AMOUNT: \$

This assistance will: (check only one)	Prevent Placement within 3 months <input type="checkbox"/>	Facilitate Reunification: children or youth leave placement within 3 months <input type="checkbox"/>	Achieve Adoption/Permanent Legal Custodianship within 3 months <input type="checkbox"/>
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Explain how the requested items will produce the outcome checked above (maximum number of characters is 600).

Explain how failure to obtain the item(s) will affect the outcome (maximum number of characters is 400).

The CUA 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, the CUA, 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 payments for utility, mortgage, or other arrears, explain how/why the delinquency occurred and how payment of subsequent bills will be sustained if the arrears are reduced or paid off by the CUA Emergency Fund.**
- Indicate all other resources explored and indicate date and response.
- Is this a Court Order? If yes, attach copy of the order to email.

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 or 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, car payment, or both
\$	Other:	\$	House, Car insurance, or both
\$	Other:	\$	Clothing
		\$	Cell Phones
		\$	Miscellaneous:
<u>STIPENDS</u>			
\$	Kinship or resource home care stipend		
\$	Adoption or PLC subsidy		

Total Incoming Revenue: \$

Total Expenses: \$

Monthly Savings: \$

If the only revenue sources noted above are a Public Welfare Grant, food stamps, or both, 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:

SIGNATURES:

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 awarded on my behalf, and I will not be able to re-apply for emergency funding. I agree to allow my CUA Worker to review any bills and expense in the future as a condition of receiving this grant.

Parent or Caregiver signature: _____

CUA Staff completing application signature:* _____

CUA Staff completing application name (if other than the CUA CM):

REVIEWED BY:

APPROVED BY:

CUA Supervisor Signature

CUA Case Management Director Signature

Required for "Other Expenditures" only:

CUA Director Name:

CUA Director Signature: _____

* The CUA CM or other support staff is responsible to ensure that the vendor receives the payment and that the goods or services, or both 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, CUA staff must arrange to have the check returned to PHMC before a new check can be issued for the same family. The CUA CM or other support staff 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: <i>No utility arrears will be paid without an agreement or statement that an agreement cannot be reached from utility company. Attach agreement.</i>				
• Rent for long-term lease	\$			
• Mortgage/Rent arrears	\$			
• Utility deposits/arrears	\$			
• Security deposit (minimum one year lease)	\$			
EMERGENCY HOME REPAIRS: <i>Any repair work over \$ 900 must submit 2 estimates and City contractors' licenses. Any repair work over \$1500 must submit 3 estimates and City contractors' licenses.</i>				
• Plumbing/roofing/electrical/heating/windows/banisters/locks/doors	\$			
• One time cleaning or junk disposal	\$			
• Pest Control (6 months max; PA certified provider)	\$			
EMERGENCY ITEMS:				
• Refrigerator (\$450 maximum)	\$			
• Child Bed: (\$250 maximum per child) Twin beds and bunk beds. In-home and Emergency Kinship cases only.	\$			
OTHER EMERGENCY EXPENSES: <i>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 CUA Director must approve applications for these items. The review process should encourage potential applicants to submit creative, appropriate requests on behalf of the families with whom they work.</i>				
• Describe expense:	\$			
TOTAL AMOUNT OF REQUEST	\$	* Payment codes: MV = mail to vendor MD = mail to CUA CM Director PU = pick up at PHMC		

When clarification is needed for an application, PHMC will email notify the signing CUA Case Management Director. Applications will be inactivated 30 days after last contact with the signing CUA Case Management Director and a new application must be submitted.

Issues can be addressed at DHS by contacting Doris Daniels-Folwer at Doris.Daniels-Fowler@phila.gov or Glenda Rivera at Glenda.V.Rivera@phila.gov.

ALLOWABLE HOUSEHOLD EXPENDITURES AND ACCEPTABLE DOCUMENTATION

Rent for long-term Lease 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 CUA EF Application, the CUA must confirm with the landlord that the property is still available and verify this confirmation in writing (via email or hard copy) to PHMC EF Administrators.
 - If the letter from the landlord is over 1 month old, the CUA must confirm with the landlord that the family has not been evicted and verify this confirmation in writing (via email or hard copy) to PHMC 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 or youth) to a maximum of \$2500 for a family with three or more children or youth.

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.

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 the 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.

Plumbing, roofing, electrical, heating, windows, banisters, locks, doors, one time cleaning, junk disposal or pest control (6 months max)

- Must show proof of ownership and relationship as noted above.
- Copy of City of Philadelphia Contractor's License. For Pest Control, a copy of PA Certification.
- 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 \$1500.
- 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.

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.

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 CUA Director must approve applications with "Other" items.**

The review process must be 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.**

ALLOWABLE CHILD OR YOUTH EXPENDITURES AND ACCEPTABLE DOCUMENTATION

Beds for In-home service or Emergency Kinship placements only (\$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.