

HARDSHIP WAIVER APPLICATION

Client Name: _____ **Date of Birth:** _____

1. What is your current living situation (choose one)?

- Homeless
 Homeless in shelter
 With family/friends
 Traveling in the area
 Renting apartment
 Renting house
 Other: _____

2. Are you working? Yes No (If NO, go to question 3. If YES, continue with question 4.)

3. How are you making ends meet? (paying for food, etc.) _____

4. Explain your financial hardship? _____

(Attach a letter if more space is needed)

5. Who is your employer? _____ **Pay Rate:** _____

How often are you paid? Weekly Bi-weekly Monthly

How many Hours do you work each week? _____

6. Have you applied for the following? (If Yes, specify when. If No, explain why not)

- | | | |
|----------------------------|------------------------------------|-----------------------------------|
| General assistance | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |
| Rent assistance | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |
| Utilities assistance | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |
| Non-food vouchers | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |
| Medicaid | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |
| Medicare | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |
| SNAP benefits | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |
| WIC | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |
| Social Security income | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |
| Social Security disability | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> No _____ |

7. How long do you expect your current situation to continue? _____

Client Signature: _____ **Date:** _____

INTERNAL USE ONLY

Status: Approved Not approved _____

Notified date: _____ Effective date: _____ Termination date: _____

Director of Operations: _____ Date: _____

Director of Revenue Integrity: _____ Date: _____