



FIRST THINGS FIRST

The right system for bright futures

Emergency Support Box

APPLICATION

Date: _____ / _____ / _____
Day Month Year

Name of Applicant: _____
First Last Middle Initial

Please check One: _____ Single/Head of Household _____ Married

Name of Spouse (if applicable): _____
First Last Middle Initial

Number of adults living in the household: _____

Age: _____	Currently Employed: Yes	No	Currently on Furlough: Yes	No
Age: _____	Currently Employed: Yes	No	Currently on Furlough: Yes	No
Age: _____	Currently Employed: Yes	No	Currently on Furlough: Yes	No
Age: _____	Currently Employed: Yes	No	Currently on Furlough: Yes	No

Number of children in the household ages birth through five: _____

Name: _____, SS#: _____, Age: _____

Are the children in your household currently receiving the following services (check all that apply)?

<input type="checkbox"/>	Child Care from ABC Day Care
<input type="checkbox"/>	Child Care from Chagache Day Care
<input type="checkbox"/>	Attending Head Start
<input type="checkbox"/>	Child Find Services
<input type="checkbox"/>	WIC Benefits

Please Provide the Following Proof of Furlough:

To Be Returned By Applicant		For Office Use Only (check when returned by applicant)	
<input type="checkbox"/>	Applicant's Most Recent Pay Stub	<input type="checkbox"/>	Applicant's Most Recent Pay Stub
<input type="checkbox"/>	Official Letter from Applicant's Employer	<input type="checkbox"/>	Official Letter from Applicant's Employer
<input type="checkbox"/>	Spouse's Most Recent Pay Stub (if applicable)	<input type="checkbox"/>	Spouse's Most Recent Pay Stub (if applicable)
<input type="checkbox"/>	Official Letter from Spouse's Employer (if	<input type="checkbox"/>	Official Letter from Spouse's Employer (if

	applicable)		applicable)
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Please Provide the Following Forms of Income Verification:

To Be Returned By Applicant		For Office Use Only (check when returned by applicant)	
	Applicant's Most Recent Pay Stub		Applicant's Most Recent Pay Stub
	Applicant's Most Recent Tax Return		Official Letter from Applicant's Employer
	Spouse's Most Recent Pay Stub (if applicable)		Spouse's Most Recent Pay Stub (if applicable)

Proof NOT Receiving
 DES Subsidy
 TANF Assistance
 Food Stamps