

5. What circumstances led to your financial hardship?

- a. Loss of income
- b. Medical crisis
- c. Unexpected expense(s)
- d. Other

Please explain your selection: _____

By signing this application, you agree that the information you provided above is accurate and truthful.

Applicant's Signature _____ Date: _____

*Note: Applicant has the right to withdraw their application at any time before funds are distributed.
 Applicant has the right to appeal any decisions.*

For Clinical Use Only

Case Manager: _____
 Name (print) _____ Phone Number _____ Date _____

 Signature _____

Is this a priority population consumer? Yes No
 If Yes, please circle applicable class member category:
 ASH SCH Jail Frequent Crisis User
 Hospitalization 2x's or more in (1) yr. 24Hr Residential

(Circle One) Consumer's DSM IV Primary Diagnosis Category?:
 295.30 295.10 295.90 295.60 295.70 296.24 296.32 296.34 296.35 296.36 296.40-296.89 297.1 OTHER

INCLUDE STAFFING NOTES AND ALL SUPPORTING DOCUMENTATION WITH APPLICATION TO AVOID DELAY

Housing Department Use Only

Received by: _____
 Name (print) _____ Title _____ Date _____

 Signature _____

Status: Pended Date _____
 Approved Date _____
 Denied Date _____

Appeal Submitted: _____
 Date _____

Reviewed by: _____ Approved Denied
 Housing Coordinator _____ Date _____