

## 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: \_\_\_\_\_