

**YOUTH HOUSING ASSISTANCE PROGRAM
CASH ASSISTANCE OR HOUSING ADVOCACY**

TYPE OF SERVICE REQUESTED

Youth Housing Advocacy Youth Cash Assistance Youth Partial Housing Subsidy

CLIENT INFORMATION

Youth: _____ CYCIS: _____

Birth Date: _____

Address: _____ Phone: (____) _____

Email: _____ Region: _____ Site: _____ Field: _____

Other Adult: _____ Birth Date: _____

Other Adult: _____ Birth Date: _____

Child's Name	Child Resides With	Birth Date	Relation to Head of Household	Expected Return Home Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Household Income Sources: _____ Amount: _____

Describe the issue that led to this referral: _____

Describe why the youth faces this issue: _____

What will keep the youth stable in the future? _____

CASEWORKER INFORMATION

Caseworker: _____ Worker ID#: _____

Agency: _____ Phone: (____) _____

Address: _____ Extension: _____

Fax: (____) _____

Supervisor: _____ Phone: (____) _____

Supervisor Signature: _____ Date: _____

SIGNATURES AUTHORIZING HOUSING ADVOCACY SERVICES

Choose One Box: Assist Client Obtain New Housing Stabilize Family in Current Housing

YHA Coordinator _____ Date: _____

REQUEST FOR CASH ASSISTANCE – Page two

Page One and Two Required for Cash Assistance Requests

Youth: _____ CYCIS #: _____

CASH ASSISTANCE REQUESTED

1. Payee: _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____
2. Payee: _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____
3. Payee: _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____
4. Payee: _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____
5. Payee: _____	Amount: _____
Purpose: _____	Account #: _____
Address _____	Phone: (____) _____
_____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed to: _____

SIGNATURES OF PERSONS REQUESTING CASH ASSISTANCE

Case Worker: _____ Date: _____

Supervisor: _____ Date: _____

Signature of person who will pick up the check(s): _____

Sign again after the check(s) is received from the provider: _____

SIGNATURES AUTHORIZING CASH ASSISTANCE

1. Payee: _____	Amount: _____
2. Payee: _____	Amount: _____
3. Payee: _____	Amount: _____
4. Payee: _____	Amount: _____
5. Payee: _____	Amount: _____
YHA Coordinator _____	Date: _____