

Imperial Calcasieu HSA

Consumer Care Resources Program Request for Assistance Form

Each referral must:

- Include a bill with exact amount being requested (utility bill, eviction notice, letter from landlord stating monthly rent and including contact information). Potential approval will be delayed w/o above information.
- Include proof of income (pay stubs,)
- Be made as an individual referral
- Be completed entirely before the request is considered for approval (N/A where necessary).
- Be legible (typed or written neatly) emailed or scanned to voa.ccr@imcalhsa.org

CLIENT INFORMATION

Name: _____ **DOB:** ____/____/____ **Age:** _____
Address: _____ **Phone:** (____) _____
Guardian/Emergency Contact: _____ **Phone:** (____) _____
Income? Yes No **Income Source:** _____
Estimated Monthly Income: _____ **Debt:** _____ Income/Expenses Worksheet completed

REFERRAL INFORMATION

Date of Request: ____/____/____ **Referring Agency/Staff:** _____
Phone #: (____) _____
BH Dx: _____ **BH Provider(s):** _____ **Last Seen:** ____/____/____

PRIORITY STATUS (to be completed by Review Committee)

<input type="checkbox"/> 1 Imminent Risk	<input type="checkbox"/> 2 Potential Risk	<input type="checkbox"/> 3 Necessary QOL	<input type="checkbox"/> 4 Therapeutic Enhancements
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DETAILS OF ASSISTANCE BEING REQUESTED

<p style="text-align: center;">Type of Request:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Emergency Shelter</td> <td style="width: 50%;"><input type="checkbox"/> Employment/Education</td> </tr> <tr> <td><input type="checkbox"/> Goods/Service ㊦</td> <td><input type="checkbox"/> Respite</td> </tr> <tr> <td><input type="checkbox"/> Enhancements</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Employment/Education	<input type="checkbox"/> Goods/Service ㊦	<input type="checkbox"/> Respite	<input type="checkbox"/> Enhancements	<input type="checkbox"/> Other _____	<p>Amount Requested: _____</p> <p>Date Check needed by: ____/____/____</p> <p>Vendor (check being written to): _____</p>
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Employment/Education						
<input type="checkbox"/> Goods/Service ㊦	<input type="checkbox"/> Respite						
<input type="checkbox"/> Enhancements	<input type="checkbox"/> Other _____						

JUSTIFICATION

What circumstances led to the client/family's requesting financial assistance/therapeutic enhancement?

What are the client/family's plans to secure income or maintain this need in the near future?

How will the client pay this bill next month?

