## ELK GROVE TOWNSHIP GENERAL ASSISTANCE OFFICE John Scaletta, Supervisor

600 Landmeier Road Phone: (224) 265-6111 Elk Grove Village, IL 60007 Fax: (847) 890-6607

## **APPLICATION FOR EMERGENCY ASSISTANCE**

NAME:		DATE:		
ADDRESS:				
PHONE:	PHONE: SSN:			
	s financial assistance to a yment. You can receive Er			
	BLE FOR AND RECEIVE E bly for either General Assist		_	
I am requesting emergency	y assistance on behalf of m	yself and the following	people who reside with	me.
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	
NOTICE OF	BENEFITS AVAILABLE U	JNDER THE EMERGE	NCY ASSISTANCE PR	OGRAM
sufficiency. Assistance up is, a provider of goods and	ovides financial aid to allevia to the amount of the Towns services is paid directly by receive Emergency Assista	hip's payment level is on the Township. Townsh	disbursed by means of vip personnel will tell you	rendor payments, that what the Township's
jeopardizing of the availab the Township will provide I	ance is a condition which polity of shelter, food utility se Emergency Assistance up to eed for assistance for shelte	rvice, medication, trans the amount of its payı	sportation or other neces ment level to alleviate a	ssity. If you are eligible, life-threatening
Work related expenses ma	financial capacity to pay wo ay include uniform or other r provide Emergency Assista ou to get or keep your job.	equired clothing costs	and necessary safety ed	quipment. If you are
	ancial aid, the Township ma fe-threatening circumstance			ns or for other services
I have read and understan	d the foregoing information.			
Signature:		Date:		