

IMMEDIATE NEED PAYMENT REQUEST

Instructions:

- Complete the questions below. Attach proof of eviction or utility shut-off notices.
- You have the right to fill out this form yourself or have someone help you at your request.

County Use Only

Date Received:

Name	Case Number (if known)	Date of Application (if known)
Social Security Number	Worker Number (if known)	County of Application

Applicant has been determined:

- To be apparently eligible for CalWORKs
- To be in Immediate Need due to:
 - Eviction Notice
 - Utility Shut-off
 - Utility Shut-off Notice
 - Food
 - Other:
- Not to be in Immediate Need.
- Denial Notice Provided
- To be eligible for CalWORKs Regular Aid payment
- To be ineligible for CalWORKs

Office of Application (Address-number, street and city)

	YES	NO		YES	NO
1. Do you have an Eviction Notice or notice to pay or quit?			5. Do you need essential clothing, including diapers or clothing needed for cold weather?		
2. Have your utilities been shut off?			6. Do you need help with transportation to get food, clothing, medical care or other emergency item?		
3. Do you have a shut-off notice?					
4. Will your food run out in three days or less?			7. Do you have another kind of emergency which threatens your health or safety? If YES, explain:		

8. Do you have any of the following resources? (Check each box. If "YES", list the amount.)

Resource	YES	NO	Amount/Value	Resource	YES	NO	Amount/Value
Cash			\$	Credit Union Accounts			\$
Savings or Checking Accounts			\$	Other (explain):			\$
Stocks or Bonds			\$				

Need met by:

- Resource agency
- Applicant informed to return to CWD if need not met
- IN Payment

CERTIFICATION

- I understand I have the right to fill out this form myself or have someone help me at my request.
- I understand and agree that I have to comply with certain eligibility requirements, some of which I may be asked to do before the county issues an Immediate Need payment, such as: giving Social Security Numbers, accepting any income which may be available to me and agreeing to cooperate with the Local Child Support Agency regarding child, medical, and spousal support.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the statements I have given on this form are true and correct.

In cases of Eviction

applicant has chosen an:

- Immediate Need payment
- Expedited CalWORKs Payment
- Applicant requested CWD to complete form
By _____
(Initial)
- Cash Granted Date

- Denial Date

Signature (or mark) of Applicant	Date
Signature of Witness to Mark	Date

Comments: