

**REQUEST FOR AN ADDITIONAL ALLOWANCE AND/OR OTHER
HELP BY A TEMPORARY ASSISTANCE RECIPIENT**

Case Name: _____

Case Number: _____

Address: _____

Telephone Number: _____

I am requesting the following Temporary Assistance allowance(s) for special need(s):

Restaurant Allowance
because I cannot prepare meals at home.

Pregnancy Allowance

Housing and Shelter Related Items

- Moving Expenses
- Rent Security Deposit or Agreement
- Brokers' or Finders' Fee
- Storage of Furniture and Personal Belongings
- Repair of Essential Household Items
- Property Repairs
- Back Rent
- Back Mortgage and/or Taxes
Furniture and Other Household Items

Other _____

I am requesting other help:

Child Care Assistance

- I am working.
- I am under 21 and wish to obtain a high school equivalency diploma.
- I wish to attend approved occupational training.
- I am sick and incapacitated and cannot care for my children.

Other _____

FOR WORKER'S USE ONLY
CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST.

CLIENT'S SIGNATURE

X

DATE

WORKER'S SIGNATURE

X

DATE