

# **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** \_\_\_\_\_

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\_\_\_\_\_

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## **FOR WORKER'S USE ONLY**

CLIENT SUBMITTED THE FOLLOWING DOCUMENTATION TO SUPPORT REQUEST.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLIENT'S SIGNATURE

DATE

WORKER'S SIGNATURE

DATE

**X****X**