



County Health and Human Services

EMERGENCY ASSISTANCE APPLICATION

Type of Assistance Requested _____ Client ID# _____ Date _____

Name _____
LAST FIRST MI

Physical Address _____ Phone _____
Street # City

Please complete for all household members including yourself:

Name	Date of Birth	Gender	SSN#	Relationship
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

INCOME

Please complete for all household members including yourself:

No income from any source.

Name	Source of income	Monthly Total
		\$
		\$
		\$

Have you received emergency assistance from WHHS in the past? Yes No
 Type of Assistance _____ When _____

I declare that the information I have given in this application for admission to the Wahkiakum County Emergency Shelter program is correct and complete to the best of my knowledge.

Signature _____ Date _____

For office use only

Payment submitted Date _____ Paid Date _____ Vendor Name _____

Approved Declined What kind of service provided:

