



FINANCIAL ASSISTANCE APPLICATION

Full Name: _____

Fill out this form completely and sign it.

Provide proof of income for the last 30 days.

I am requesting assistance for costs and fees for the following (check all that apply):

<input type="checkbox"/> Counseling	<input type="checkbox"/> Electronic Monitoring	<input type="checkbox"/> DAS Supervision Fees
<input type="checkbox"/> Housing	<input type="checkbox"/> Evaluation	<input type="checkbox"/> Other: _____

Check one:

I am unemployed because _____

I am employed but do not have enough money

I am seeking employment and am requesting temporary assistance for _____ days. I will provide DAS with proof that I am seeking employment on a weekly basis.

There are _____ persons in my household, **including** myself.

Age:	Relationship:	Age:	Relationship:
Age:	Relationship:	Age:	Relationship:

I receive Medicaid benefits

I qualify for Medicaid benefits and will apply.

INCOME**EXPENSES**

Wages of household members	\$	Rent/ Mortgage	\$
TANF	\$	Child Care	\$
Retirement Benefits	\$	Medical Bills	\$
Unemployment	\$	Food/ Groceries	\$
Social Security	\$	Insurance/ Transportation	\$
Child Support I Receive	\$	Utilities	\$
Worker's Compensation	\$	Counseling	\$
Food Stamps	\$	Other:	\$
Other:	\$	Other:	\$

I would like to explain the following and my proof of this explanation is attached. _____

I understand that if my financial status changes in any way after submitting this application, I am obligated to notify DAS of the change and provide proof within five (5) days. Failure to do so may result in an immediate withdrawal of my assistance and that I will become financially responsible for all current and future amounts due.

I understand that approval of this application can be revoked at any time if I am not in compliance with my probation department, my counselor, and/or the Court.

I declare under the penalty of perjury that the information I provided in this application are true to the best of my knowledge. I understand that false or incomplete information may result in the rejection of this application.

I certify that I am the defendant named above.

Signature

Date

Street Address

Phone

City, State, Zip Code