



Spirit of Schuyler
PO Box 294
Watkins Glen, NY 14891

Phone:
607-241-6630
Please leave message
www.spiritofschuyler.org

EMERGENCY
Assistance Form

Name _____ Date of Birth ___/___/___
Address _____ Phone () _____
City _____ State _____ Zip _____

Household Members

Name	M/F	Date of Birth	Relationship	Part Time?

Household Income From:

Employment \$ _____ Pension \$ _____ Food Stamps \$ _____
Public Assistance \$ _____ Heap \$ _____ SSI \$ _____
Social Security \$ _____ Unemployment \$ _____ Child Support \$ _____
Other \$ _____

Expense Information

Rent \$ _____ Utilities (Electric, Fuel, Gas) \$ _____ Child Support \$ _____
Taxes \$ _____ Unusual Expenses \$ _____ Car \$ _____

What Agencies have been Contacted? _____

Results: _____

This Request is for: _____

Vendor: _____ Amount: \$ _____
Address: _____ Phone: _____

I understand that by Spirit of Schuyler policy I will not be eligible to receive emergency assistance for (1) year.

I, _____ give permission for Spirit of Schuyler to access information regarding me/my family from other Human Service Organizations (i.e. DSS, Schuyler Outreach, etc.) to assist in best determining my eligibility for assistance.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Use Reverse Side of Form for Additional Information: