State of Illinois
Department of Human Services

Request for Crisis Assistance

1(3 YEARS)

Name: _____ Date: _____

Address: _____ Case Number: _____

City: _____ Telephone Number: _____

I am requesting Crisis Assistance. I need:

☐ **Rent** because:
- ☐ I had to leave my home due to a fire, flood or other natural disaster; or
- ☐ I have received an eviction notice or court order to leave my home; or
- ☐ I had to leave my home due to domestic or sexual violence.

☐ **Furniture** because:
- ☐ Furniture was destroyed in a fire, flood or other natural disaster; or
- ☐ Essential furniture needed due to domestic or sexual violence.

☐ **Household Supplies** because:
- ☐ Household supplies were destroyed in a fire, flood or other natural disaster; or
- ☐ Needed due to domestic or sexual violence.

☐ **Clothing** because:
- ☐ Clothing was destroyed in a fire, flood or other natural disaster; or
- ☐ I have reported lost or stolen cash; or
- ☐ Needed due to domestic or sexual violence.

☐ **Food** because:
- ☐ Food was destroyed in a fire, flood or other natural disaster; or
- ☐ I have reported lost or stolen cash; or
- ☐ Needed due to domestic or sexual violence.

☐ I need help to pay travel expenses to get medical care for Name: _____

I need ☐ Transportation ☐ Food ☐ Lodging for Dates: _____

to go to (Doctor/Hospital name and address: _____

I verify that my need for Crisis Assistance did not arise because I or family members refused without good cause to accept employment or training for employment.

Signature: _____

Witness: _____