



DAY 1 FAMILIES TEMPORARY FINANCIAL ASSISTANCE REQUEST PACKAGE

Requesting Agency: _____ **Date:** _____ **Client HMIS ID:** _____

Case Manager/Touchpoint: _____ **County** _____

Eligibility:

Please confirm that client:

- Is literally homeless or fleeing domestic violence (select one below):
 - Literally homeless (HUD Category 1)
 - Fleeing domestic violence (HUD Category 4)
- Has at least one minor child (must be under 18; does not need to be a parent/child household)
- Is enrolled in Coordinated Entry, and
- Has barriers to housing that cannot be resolved through existing resources in the community

Type of Assistance	Vendor	Vendor Address	Request Amount	Flex Funds Cumulative Amount
			\$	\$
			\$	\$
			\$	\$

Documentation to be included with Request:

Please include a vendor W-9. If the address on the W-9 is not the same as the property, please include a Property Management agreement as well. Any addi

For Rental Deposit:

- Welcome Letter

Utility Deposit:

- JEA Deposit Quote

Hotel Requests:

- W-9 for the hotel
- Confirmation that hotel can issue a payment folio and can accept third party payment

Case Manager/Social Worker Signature _____ **Date** _____

TO BE COMPLETED BY APPROVAL TEAM

Request meets TFA Guidelines: Yes No

Reviewed by Approval Team: Yes No

Request Approved: Yes No

Approval Team Member Signature: _____ **Date** _____

TO BE COMPLETED BY FINANCE TEAM

Date Received _____

Date Payment Issued _____