**SPECIAL CASE FORM**

|  |  |
| --- | --- |
| **Case Worker:**  | **Date:**  |
| **Friend’s Name:**  | **Phone:**  |
| **Number of Children:**  | **Ages:**  | **Number in Household:**  |

**To Qualify:** This is intended for emergency assistance, not for chronic situations. **Must be used for all Rental** assistance and **Other**. Utilities may also be paid from a combination of Utilities and Fernandez Fund NTE maximums.

* The primary priority for all assistance will be families with children. Also, consideration will be given to the elderly, the disabled or a person who has a serious illness.
* The case must be reviewed by the SC Committee either at a meeting or via email vote and determined by vote to approve or decline.

|  |
| --- |
| 1. **TYPE OF ASSISTANCE REQUESTED:** Rent [ ]  Utilities [ ]  Other:
 |

1. **NOTE:** IF utility company is SW GAS and payment is due with a disconnect notice, give Friend the SW GAS grant application. Do not use this Form.
2. **RENTAL LEASE/UTILITY BILL/OTHER SHOULD BE IN FRIEND’S NAME: Verified** [ ] If not, explain who and why.
3. A brief description of the problem – what happened that the friend can’t pay this month

|  |
| --- |
|  |

1. I have discussed with the FRIEND his/her plan for next month’s rent, utilities, other payments*:* [ ]
2. If the friend has an EVICTION NOTICE, have they tried to contact SEACAP? Yes [ ]  No [ ]  N/A [ ]
3. The *Vincentian* has contacted the Prop Mgr. / Landlord, Utility Company, and if other called to get another estimate:

|  |  |
| --- | --- |
| Yes [ ]  No [ ]  Name: | Phone: |
| **Total Amount Due**:  |  Due Date: |

1. How much can the Friend or family member contribute?
2. Will Landlord/Prop Mgr/Utility Company, Other work with Friend? Yes [ ]  No [ ]

|  |
| --- |
| If yes, explain here  |

**CASE FILE UPDATED** [ ]

1. **A motion** must be made by the Caseworker, **discussed** **with and seconded** by another caseworker working that day.
2. Ask Blanca to send Friend’s file and this form to the SC Committee:

|  |  |
| --- | --- |
| **Actual Amount Needed**:  | **Suggested Funds**:  |
| **Motion:** | **Second by:** |

1. Case e-mailed? \_\_\_\_\_\_\_\_\_ Date: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ACTION TAKEN BY SPECIAL CASE COMMITTEE AND FUNDS TO BE USED:***  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  **Approved** [ ]  | **Approved with Stipulations** [ ]  | **Declined** [ ]  | **Amount:**  |
| **Funds Category to be used:**  | **Remarks for Case Worker:**  |

**CASE WORKER: UPDATE CASE FILE**