Complete eSHARE intake (Common Demographics & Eligibility form) and attach documents below **BEFORE** submitting application.



Eligibility Requirements:

* Client is an HIV-positive individual, living within the Tri-County region (Putnam, Rockland, and Westchester Counties) and the five boroughs of NYC (Bronx, Brooklyn, Manhattan, Queens, Staten Island)
* Client income does not exceed 500% of the Federal Poverty Guidelines
* Client has not reached the $2,000 cap in emergency financial assistance within a twelve-month period

Documents Required:

Completed EFS eSHARE Intake, Common Demographics & Eligibility form

Proof of HIV Status

Copy of income (Example; copy of last two pay stubs, letter from employer, letter from Social Security, SSI, SSD etc.) If no income, letter must be written by a Case Manager or Department of Social Services in regards how client will maintain rent

Proof of Residency (Example; bill, , letter from Social Security, SSI, SSD etc., letter from Case Manager, letter from Department of Social Services, housing voucher, Section 8 voucher, landlord letter on letterhead etc.)

Proof of Insurance (ADAP card, Medicaid, Medicare, private insurance)

Copy of documents stating arrears (Con Edison bill or rent statement/invoice)

Letter from Case Manager stating client’s emergency need. Letter must indicate reason of arrears if rental or utility assistance is needed

W-9 form (if rental arrears are to be paid)

Checklist

Payor of Last Resort Attestation

If required documents are not attached, this application will be considered incomplete and will NOT be processed.

Submit to:

Fax: Attention Emergency Financial Assistant Application 914-345-3106

OR

 Email: transportation@hudsonvalleycs.org

**Please Check off Items Needed**

|  |
| --- |
| **Arrears** |
| [ ]  Rental arrears amount \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Utility amount \_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Security deposit amount\_\_\_\_\_\_\_\_\_\_\_ |
| **Emergency Food and Other Supplies** |
| [ ]  Voucher to Supermarket \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Cleaning products \_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Medical Supplies\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Mask \_\_\_\_\_\_\_\_\_\_\_ |
| **For the Kitchen** |
|[ ]  Pots and pans |[ ]  Plate Set |
|[ ]  Drinking Glasses |[ ]  Wooden spoon, spatula and serving spoons |
|[ ]  Utensils (forks, spoons and knives set) |
| **For the Bedroom**  |
|[ ]  Pillows |
|[ ]  Sheet Set  |
|  | Specify size: Twin, Full, Queen, King |  |
|[ ]  Comforters  |
|  | Specify size: Twin, Full, Queen, King |  |
|[ ]  Bed Mattress and Frame |
|  | Bed size: Twin, Full, Queen, King |  |
| **For Bathroom**  |
|[ ]  Towels |
|[ ]  Washcloths |
|[ ]  Shower curtains with rings  |
| **Undergarments** |
| [ ]   | Bra size\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | Underwear size\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | Sock size\_\_\_\_\_\_\_\_\_\_ | [ ]  | Tee shirt size\_\_\_\_\_\_\_\_\_\_\_ |

[ ]  By checking this box, client understands that they if they fail to contact the Program Coordinator or their Care Manager within 30 days to notify of non-receipt of items, the items will not be re-ordered.

For HVCS Office Use Only

Delivery Receipt Confirmation

Delivery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client verification date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_