

DHS Family and Community Support Center Prevention Assistance Fund

February 2013

DHS Family and Community Support Center

Prevention Assistance Fund

Purpose of the Training

- Technical Assistance
- How to complete Fund Application
- Who can make application?
 - ✓ Domestic Violence
 - ✓ Specialized Support Services
 - ✓ Positive Youth Development
 - ✓ Out of School Time
 - ✓ CRU Intake

DHS Family and Community Support Center Prevention Assistance Fund

Goals & Objectives of the Fund Training

- Introduce the Prevention Assistance Fund
- Address questions

DHS Family and Community Support Center Prevention Assistance Fund

Purpose of the Prevention Assistance Fund

- Critical Child Welfare Outcomes:
 - Prevent Entry into Formal Child Welfare System
 - Alleviate Family Stressors
 - Maintain Family stability & Ensure Children's safety

DHS Family and Community Support Center Prevention Assistance Fund

Beneficiaries of the Emergency Fund

- Families and children receiving services through:
 - Family and Community Support Center
 - Central Referral Unit (CRU) Intake
 - Referrals from Children and Youth Division

DHS Family and Community Support Center

Prevention Assistance Fund

AGENDA

Filling out the Application

- ✓Requests for Rent Arrears and/or Security Deposit & Rent for Long-term Lease
- ✓Requests for Mortgage Arrears
- ✓Requests for Utility Deposits/Arrears
- ✓Requests for Repairs
- ✓Requests for Refrigerators
- ✓Requests for Babysitting/Respite service
- ✓Requests for Clothing Expenditures
- ✓Requests for Beds
- ✓Requests for "Other" Emergency Expenses or Items not allowed

A Few Reminders

DHS Family and Community Support Center Prevention Assistance Fund

FUND LIMITS

A maximum of \$2,500 per family.

DHS Family and Community Support Center

Prevention Assistance Fund

FUND RESPONSIBILITIES

Social Worker/Agency Designee:

- Verifies DHS status
- Determines need & insures housing need is part of case plan
- Looks to other resources first
- Completes application
- Attaches all supporting documentation
- Obtains Parent/Caregiver signature
- Signs application
- Forwards application to Supervisor for signature

Supervisor:

- Reviews application
- Reviews supporting documentation
- Verifies request is in compliance with protocol
- Signs application
- Forwards application to Authorized Approver

Authorized Approver:

- Reviews application
- Reviews supporting documentation
- Verifies request is in compliance with protocol
- Signs application

DHS Family and Community Support Center Prevention Assistance Fund

FUND RESPONSIBILITIES

(continued)

Public Health Management Corporation (PHMC):

Reviews application

- ✓ Is request within funding limits?
- ✓ Supporting documentation all present?
- ✓ Contact signing appropriate Reviewer for needed clarification.

Provides checks

- ✓ PHMC will mail check to vendor or DHS Reviewer.
- ✓ PHMC will prepare check for pick-up if requested.
- ✓ PHMC will notify appropriate Reviewer by e-mail once check is ready.

Tracks outcomes

- ✓ Application Status Report - by Agency
- ✓ Outcome Summary of Payments Report

Reviews outcomes and protocol with DHS Administration

Provides training

FAMILY INCOME WORKSHEET		ITEMIZED REQUEST FORM	
Number of ALL adults in the home: _____		Number of ALL children in the home: _____	
INCOME \$ _____ Salary (Caregiver) \$ _____ Salary (ALL other adults in house) \$ _____ Public Welfare grant (include all grants) \$ _____ Food Stamps \$ _____ Social Security \$ _____ Child Support \$ _____ Unemployment benefits \$ _____ Other: _____ \$ _____ Other: _____	EXPENSES \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
STIPENDS \$ _____ Kincaid foster care stipend \$ _____ Adoption FLC subsidy			
Total Incoming Revenue: \$ _____ Total Expenses: \$ _____			
If the only revenue sources noted above are public welfare grant and/or food stamps, please check one of the following: <ul style="list-style-type: none"> ♦ Looking for employment: (circle one) YES NO IF "NO" why not? _____ ♦ Enrolled in a vocational training program: YES NO IF "YES" where: _____ If the total expenses are greater than the total income, explain how this is sustainable: _____			
<i>I have read this application in full. All the information given to the agency concerns my own knowledge. If any information provided is found purposely inaccurate or false, I am responsible and I will not be able to re-apply for emergency funding, and I agree to allow my social worker to accept receipt of this grant.</i>			
SIGNATURES:			
Parent/Caregiver signature: _____ Family Social Worker's Supervisor Signature: _____			
Approver's name: _____			
Approver's Phone: _____			
* The social worker is responsible to ensure that the vendor receives the payment and that the bill is paid by the landlord. If for some reason the services are not delivered or the housing is no longer suitable, returned to PHMC before a new check can be issued for the same family. If a family is receiving social work services it is also responsible for regularly reviewing the family's budget and expenses as well as the need for services.			
FCSC Prevention Assistance Fund Application EFFECTIVE February 2013			

PHILADELPHIA DEPARTMENT OF HUMAN SERVICES CHILDREN & YOUTH DIVISION FAMILY AND COMMUNITY SUPPORT CENTER ~ PREVENTION ASSISTANCE FUND <i>All questions must be answered for Applications to be considered complete.</i>			
Date received: _____			
Date application submitted to PHMC: _____			
Provider Agency Name: _____		Client Date of Birth: _____	
Provider Agency Address: _____		Has family received assistance from this Fund within the last calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Client Family Name: _____			
Client Family Address: _____			
Service Type: _____			
<input type="checkbox"/> DV <input type="checkbox"/> PYD <input type="checkbox"/> OST <input type="checkbox"/> Specialized Services <input type="checkbox"/> Education Support Center <input type="checkbox"/> Other: _____			
Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____
Description of specific Household needs: _____			
This assistance will (check only one)		AMOUNT REQUESTED: \$ _____	
<input type="checkbox"/> Prevent Entry into Formal Child Welfare System		<input type="checkbox"/> Alleviate Family Stressors	
<input type="checkbox"/> Maintain Family Stability & Ensure Children's Safety		<input type="checkbox"/> Maintain Family Stability & Ensure Children's Safety	
Explain how the requested items will produce the outcome checked above. _____			
Explain how failure to obtain the item(s) will affect the outcome. _____			
A list of other resources explored must be attached to this Application.			
Address ALL of the following:			
<ul style="list-style-type: none"> What have the family, provider, and DHS done to overcome the situation and what other resources have been explored? What is the plan for avoiding the same occurrences in the future? Note: If requesting payment for utility, mortgage or other arrears, explain how/why the delinquency occurred and how payment of subsequent bills will be maintained if the arrears is reduced or paid off by the Prevention Assistance Fund. 			

FAMILY INCOME WORKSHEET

Number of ALL adults in the home: _____

Number of ALL children in the home: _____

INCOME

\$ _____ Salary (Caregiver)
\$ _____ Salary (ALL other adults in house)
\$ _____ Public Welfare grant (include all grants)
\$ _____ Food Stamps
\$ _____ Social Security
\$ _____ Child Support
\$ _____ Unemployment benefits
\$ _____ Other:
\$ _____ Other:

EXPENSES

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

STIPENDS

\$ _____ Kinicare foster care stipend
\$ _____ Adoption PLC subsidy

Total Incoming Revenue: \$ _____ Total Expenses: \$ _____

If the only revenue sources noted above are public welfare grant and/or food stamps, p

- ♦ Looking for employment: (circle one) YES NO, If "NO" why not?
- ♦ Enrolled in a vocational training program: YES NO, If "YES" where:

If the total expenses are greater than the total income, explain how this is sustainable:

I have read this application in full. All the information given to the agency concerns knowledge. If any information provided is found purposely inaccurate or false, I am rene and I will not be able to re-apply for emergency funding, and I agree to allow my social condition of receiving this grant.

SIGNATURES:

Parent/Caregiver signature: _____ Family Soc

REVIEWED BY:

Family Social Worker's Supervisor Signature _____

Approver's name: _____

Approver's Phone: _____

* The social worker is responsible to ensure that the vendor receives the payment and that the by the landlord. If for some reason the services are not delivered or the housing is no longer returned to PHMC before a new check can be issued forth the same family. If a family is rece social worker is also responsible for regularly reviewing the family's budget and expenses as

FCS Prevention Assistance Fund Application

EFFECTIVE February 2011

ITEMIZED REQUEST FORM

AMOUNT

Check
Delivery*

VENDOR
Name/Address/zip

PHMC use:
Payment date

Statement that an agreement cannot be reached from utility company.

I submit a 2nd estimate and contractor's license.
I submit a 3rd estimate and contractor's license.

If any emergency expenses that are not listed on the ed outcomes. The DHS Commissioner or Designee must id, and should encourage potential applicants to submit they work.

Payment codes: MV = mail vendor
MA = mail administrator
PU = pick up at PHMC

Notify the signing Administrator. Applications will be inactivated strator and a new application must be submitted.

FE February 2013

Page 3 of 5

PHMC uses only: APPLICATION # _____ Date received: _____

PHILADELPHIA DEPARTMENT OF HUMAN SERVICES CHILDREN & YOUTH DIVISION
FAMILY AND COMMUNITY SUPPORT CENTER ~ PREVENTION ASSISTANCE FUND
All questions must be answered for Applications to be considered complete.

Date application submitted to PHMC: _____

Provider Agency Name: _____

Provider Agency Address: _____

Client Date of Birth: _____

Client/Family Name: _____

☐ Yes

☐ No

Has family received assistance from this Fund within the last calendar year?

Client/Family Address: _____

Service Type: _____

☐ DV

☐ PVD

☐ OST

☐ Specialized Services

☐ Education Support Center

☐ Other _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Child Name: _____

Date of Birth: _____

Description of specific Household needs: _____

AMOUNT REQUESTED: \$ _____

This assistance will (check only one)

☐

Private Expense Formal Child Welfare System

☐

Alleviate Family Stressors

☐

Maintain Family Stability & Ensure Children's Safety

Explain how the requested items will produce the outcome checked above.

Explain how failure to obtain the item(s) will affect the outcome.

A list of other resources explored must be attached to this Application.

Address ALL of the following:

- What have the family, provider, and DHS done to overcome the situation and what other resources have been explored?
- What is the plan for avoiding the same occurrences in the future? Note: If requesting payment for utility, mortgage or other arrears, explain how/why the delinquency occurred and how payment of subsequent bills will be sustained if the arrears is reduced or paid off by the Prevention Assistance Fund.

FCS Prevention Assistance Fund Application

REVISED November 2012

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Application Page 1

Fill in Date Application Submitted

Fill in Provider Agency Name & Address
and Client/Family Name & Address

Check appropriate Service Type box

Fill in Suffix, Child Name and D.O.B. for each child

Fill out specific needs for this family

Check one Assistance Type

Fill this section out completely

A FUND OF LAST RESORT
Look to other resources first!

PHMC Form only: APPLICATION # _____ Date received: _____

PHILADELPHIA DEPARTMENT OF HUMAN SERVICES CHILDREN & YOUTH DIVISION
FAMILY AND COMMUNITY SUPPORT CENTER ~ PREVENTION ASSISTANCE FUND
All questions must be answered for Applications to be considered complete.

Date application submitted to PHMC: _____

Provider Agency Name: _____

Provider Agency Address: _____ Client Date of Birth: _____

Client Family Name: _____ ☐ Yes ☐ No Has family received assistance from this Fund within the last calendar year?

Client Family Address: _____

Service Type:
☐ DV ☐ PVD ☐ OST ☐ Specialized Services ☐ Education Support Center ☐ Other _____

Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____
Child Name: _____	Date of Birth: _____	Child Name: _____	Date of Birth: _____

Description of specific Household needs: _____

AMOUNT REQUESTED: \$ _____

This assistance will (check only one):
☐ Prevent Entry into Formal Child Welfare System ☐ Alleviate Family Stressors ☐ Maintain Family Stability & Ensure Children's Safety

Explain how the requested items will produce the outcome checked above.

Explain how failure to obtain the item(s) will affect the outcome.

A list of other resources explored must be attached to this Application.

Address ALL of the following:

- What have the family, provider, and DHS done to overcome the situation and what other resources have been explored?
- What is the plan for avoiding the same occurrences in the future? Note: If requesting payment for utility, mortgage or other arrears, explain how/why the delinquency occurred and how payment of subsequent bills will be sustained if the arrears is reduced or paid off by the Prevention Assistance Fund.

PHMC Prevention Assistance Fund Application REVISED November 2012 Page 1 of 5

DHS Family and Community Support Center

Prevention Assistance Fund

Application page 2

Fill in number of ALL adults and children in the home.

Fill in the amounts of all INCOME, EXPENSES and STIPENDS

Fill in total Incoming Revenue, Total Expenses & Monthly Savings

Circle appropriate answer and explain

Explain sustainability if expenses are greater than income

Make sure Parent/Caregiver, Family Social Worker, Family Social Worker's Supervisor and authorized Approver sign the application.

FAMILY INCOME WORKSHEET	
Number of ALL adults in the home: _____	Number of ALL children in the home: _____
INCOME \$ _____ Salary (Caregiver) \$ _____ Salary (ALL other adults in house) \$ _____ Public Welfare grant (include all grants) \$ _____ Food Stamps \$ _____ Social Security \$ _____ Child Support \$ _____ Unemployment benefits \$ _____ Other: _____ \$ _____ Other: _____	EXPENSES \$ _____ Rent/Mortgage \$ _____ Electric \$ _____ Gas \$ _____ Water \$ _____ Phone \$ _____ House supplies/laundry \$ _____ Food \$ _____ Transportation and/or Car payment \$ _____ House Car insurance \$ _____ Clothing \$ _____ Cell Phones \$ _____ Miscellaneous: _____
STIPENDS \$ _____ Kinicare foster care stipend \$ _____ Adoption/PLC subsidy	
Total Incoming Revenue: \$ _____	Total Expenses: \$ _____ Monthly Savings: \$ _____
If the only revenue sources noted above are public welfare grant and/or food stamps, please indicate if client is:	
♦ Looking for employment: (circle one) YES/NO. If "NO" why not? _____ ♦ Enrolled in a vocational training program: YES/NO. If "YES" where: _____	
If the total expenses are greater than the total income, explain how this is sustainable:	
<i>I have read this application in full. All the information given to the agency concerning this emergency grant is correct to the best of my knowledge. If any information provided is found purposely inaccurate or false, I am responsible for paying back the money paid on my behalf, and I will not be able to re-apply for emergency funding, and I agree to allow my social worker to review any bills and expense in the future as a condition of receiving this grant.</i>	
SIGNATURES:	
Parent/Caregiver signature: _____	Family Social Worker signature:* _____
REVIEWED BY:	APPROVED BY:
Family Social Worker's Supervisor Signature _____	Authorized Approver's Signature _____
Approver's name: _____	(please print)
Approver's Phone: _____	
<small>* The social worker is responsible to ensure that the vendor receives the payment and that the goods/services are delivered or security deposit is received by the landlord. If for some reason the services are not delivered or the housing is no longer available, the social worker must arrange to have the check returned to PHMC before a new check can be issued for the same family. If a family is receiving services from DHS or a designee (provider agency), the social worker is also responsible for regularly reviewing the family's budget and expenses as a condition of receiving this grant.</small>	

Application page 3

Indicate request amount for each category

Indicate how funds are to be distributed for each category:

MV = mail to vendor

MA = mail to Approver

PU = Pick-up at PHMC

Describe OTHER expense(s)

Indicate total amount requested

Indicate vendor name & address

ITEMIZED REQUEST FORM				
AMOUNT	Check delivery*	VENDOR Name/Address/zip	PHMC use: Payment date	
HOUSING: No utility arrears will be paid without an agreement or statement that an agreement cannot be reached from utility company. Attach agreement				
• Rent for long-term lease	\$			
• Mortgage/Rent arrears	\$			
• Utility deposits/arrears	\$			
• Security Deposit (minimum one year lease)	\$			
EMERGENCY HOME REPAIRS: Any repair work over \$900 must submit a 2 nd estimate and contractor's license. Any repair work over \$1,500 must submit a 3 rd estimate and contractor's license.				
• Plumbing/roofing/electrical/heating/windows/banisters/locks/doors/disability supports	\$			
• One time cleaning or junk disposal	\$			
• Pest Control (6 months max)	\$			
EMERGENCY SERVICES:				
• Babysitting/Respite service	\$			
EMERGENCY ITEMS:				
• Refrigerator (\$450 maximum)	\$			
• Child Bed: (\$250 maximum per child) Cribs, Twin beds & bunk beds only	\$			
• Other:	\$			
OTHER EMERGENCY EXPENSES: This category can be used for any emergency expenses that are not listed on the application but are considered necessary to achieve one of the listed outcomes. The DHS Commissioner or Designee must approve applications with "other" items. The review process is rapid, and should encourage potential applicants to submit creative, appropriate requests on behalf of the families with whom they work.				
Describe expense:	\$			
TOTAL AMOUNT OF REQUEST		\$	* Payment codes: MV = mail vendor MA = mail administrator PU = pick up at PHMC	

When clarification is needed for an application, PHMC will e-mail notify the signing Administrator. Applications will be inactivated 30 days after last contact with the signing Administrator and a new application must be submitted.

FCSC Prevention Assistance Fund Application EFFECTIVE February 2013 Page 3 of 5

DHS Family and Community Support Center

Prevention Assistance Fund

Notification of Application Problem(s):

All communication is addressed to signing Approver

Subject: will show Caregiver's Name

Text will indicate Family Name

The screenshot shows an email composition window. On the left is a 'Send' button. The header fields are: 'From...' (DHS-Prevention Assistance Fund), 'To...' (empty), 'Cc...' (empty), 'Bcc...' (empty), and 'Subject:' (Client/Family Name). The email body contains the following text:

Hi (Approver),

I received a Prevention Assistance Fund Application for the (FAMILY NAME) Family. I need the following information in order to complete this request:

- 1. What is missing
- 2. What is needed.

A blue box with the text 'This section will indicate what is missing or problem' has an arrow pointing to the list items.

You must communicate this e-mail to the submitting social worker on this application.

Please fax only the above mentioned information and feel free to e-mail me with any questions.

Thanks,

Rich Kirschner
richk@phmc.org
Phone: (215) 731-2416
Fax: (267) 765-2369

Please remember to fax only the page(s) and/or information requested

DHS Family and Community Support Center Prevention Assistance Fund

Notification of Payment:

All communication is addressed to signing Approver

Subject: will show Client/Family Name

Send

From... DHS - Prevention Assistance Fund;

To...

Cc...

Bcc...

Subject: PREVENTION ASSISTANCE FUND NOTIFICATION OF PAYMENT for Client/Family Name

Hi (Signing Approver),

Check # XXXXX payable to XXXXXXXXXXXXXXXXXXXX in the amount of \$X,000.00 was mailed to XXXXXXXXXXXXXXXXXXXX on XXXXXX, XXXXXXXX X, 2013 received from (CASE WORKER) for the (FAMILY NAME) Family.

IF THIS CHECK IS NO LONGER NEEDED, PLEASE IMMEDIATELY RETURN IT TO PHMC !

John Bowen
jbowen@phmc.org
Fax: (267) 765-2369

This section will indicate: check number, vendor name & amount, who the check was mailed to/ready for pick-up and on what date social worker & family name.

DHS Family and Community Support Center

Prevention Assistance Fund

Requests for Rent Arrears and/or Security Deposit & Rent Long-term Lease

Required Documentation:

- Annual lease for that property.
- Housing inspection license for that property.
- A letter from the landlord/owner notifying of arrearage amount.
 - A total of up to \$1,500 is allowed for families with 1 child.
 - A total of up to \$2,500 is allowed for families with 3 or more children.

All requests for Security Deposit/Rent for Long Term Lease must be received and approved **BEFORE** the family moves in or risk being denied.

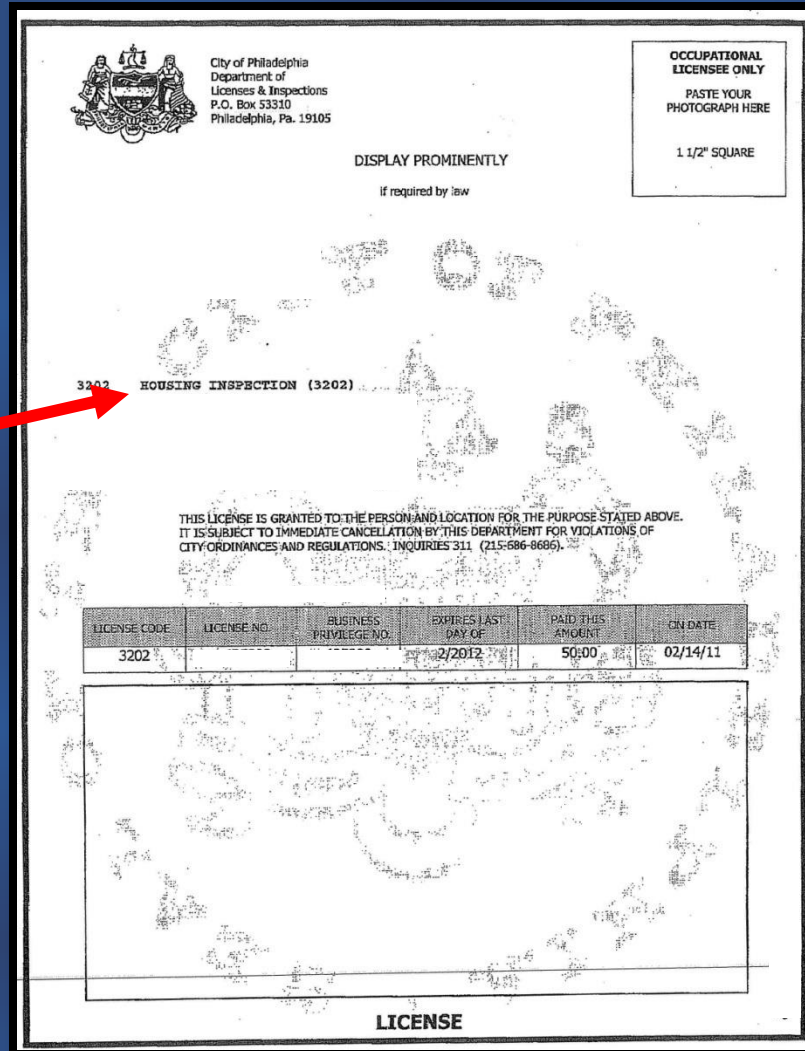
DHS Family and Community Support Center

Prevention Assistance Fund

Housing

Inspection

License



The image shows a 'Housing Inspection License' from the City of Philadelphia. At the top left is the city seal. To its right is the address: 'City of Philadelphia, Department of Licenses & Inspections, P.O. Box 53310, Philadelphia, Pa. 19105'. In the top right corner, a box labeled 'OCCUPATIONAL LICENSEE ONLY' contains the instruction 'PASTE YOUR PHOTOGRAPH HERE' and '1 1/2" SQUARE'. Below the header, the text 'DISPLAY PROMINENTLY' and 'If required by law' is present. The license code '3202 HOUSING INSPECTION (3202)' is printed in the center. Below this, a paragraph states: 'THIS LICENSE IS GRANTED TO THE PERSON AND LOCATION FOR THE PURPOSE STATED ABOVE. IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF CITY ORDINANCES AND REGULATIONS. INQUIRIES 311 (215-686-8686)'. A table at the bottom contains the following data:

LICENSE CODE	LICENSE NO.	BUSINESS PRIVILEGE NO.	EXPIRES LAST DAY OF	PAID THIS AMOUNT	ON DATE
3202			2/2012	50.00	02/14/11

Below the table is a large rectangular area labeled 'LICENSE' at the bottom, which is currently blank.

DHS Family and Community Support Center

Prevention Assistance Fund

Please Note:

- If the start date for the Lease began one month or more prior to receipt of the PAF application, the social worker must confirm with the landlord/owner that the property is still available with written confirmation to the PAF administrators.
- If the letter from the landlord/owner is over one month old, the social worker must confirm with the landlord/owner that the family has not been evicted with written confirmation to the PAF administrators.
- The social worker is responsible for ensuring that the landlord/owner receives the check.
If property is no longer available: social worker **MUST** return check to PHMC.

If a new check is required: PHMC cannot cut a new check until the original check is returned to PHMC.

DHS Family and Community Support Center

Prevention Assistance Fund

Requests for Mortgage Arrears

Required Documentation:

- Copy of the current mortgage.

Please Note:

- The mortgage must show the client/family's name.

DHS Family and Community Support Center

Prevention Assistance Fund

Requests for Utility Arrears

Required Documentation:

- Copy of current utility bill.
 - Letter of agreement from the utility company.
 - Letter from utility company stating why no agreement will be given.
- If renting: Include a copy of the yearly Lease and Housing Inspection License
- Relationship to the client/family if owner of property or name on utility bill is different than client/family.

DHS Family and Community Support Center

Prevention Assistance Fund

Requests for Repairs

Required Documentation:

- Proof of ownership (copy of deed, copy of city tax invoice).
- Submit bill or quote for equipment needed or services to be performed.
- Copy of contractor's license.
 - Company's tax ID Number or individual's social security number.
 - 2nd quote is required for work over \$900 along with contractor's license.
 - 3rd quote is required for work over \$1,500 along with contractor's license.

Please Note:

- All quotes must be itemized so that non-emergency items can be identified and deducted from essential repairs.

DHS Family and Community Support Center

Prevention Assistance Fund

Requests for Refrigerators

Required Documentation:

- Quote from vendor.
- Maximum allowed amount is \$450.
- Letter signed by the caregiver stating who will pay the difference if quote is over the maximum allowed amount.

DHS Family and Community Support Center Prevention Assistance Fund

Requests for "Other" Emergency Expenses

Required Documentation:

- A letter from the agency explaining the nature of the emergency.
- Any appropriate back up documentation.

DHS Family and Community Support Center

Prevention Assistance Fund

Requests for Babysitting/Respite Service

Required Documentation:

- Bill or quote describing services to be performed and hourly rate charged.
- Emergency child line clearance required for babysitting & respite providers.*
- Company tax ID number or individual's social security number.

Please Note:

- * Emergency child line clearance must include date called and name of person who provided clearance.

DHS Family and Community Support Center Prevention Assistance Fund

Requests for Clothing Expenditures

Required Documentation:

- Layaway document describing the items to be purchased.

Please Note:

- Layaway deposits paid are not reimbursed.

DHS Family and Community Support Center

Prevention Assistance Fund

Requests for Beds

Required Documentation:

- Copy of quote from vendor.
- Maximum allowed amount is \$250 per child.
- Letter signed by the client/family stating who will pay the difference if quote is over the maximum allowed amount.

Please Note:

- Only cribs, twin beds and bunk beds are allowed.

A Few Reminders

Please make sure PAF application is completely filled out.

- Please make Client/Family name is on application.
 - Please do not send social security application as verification of income.
-

All PAF applications must be mailed to or dropped off at PHMC (faxes are not accepted).

All communication between PHMC and agency is through the authorized Approver.

- Please remind staff not to give out PHMC Staff phone numbers to clients or vendors.
 - Please remind staff to check with authorized Approver with questions on status of applications.
-

Please do not fax entire application when responding to a request for additional information.

All applications which remain incomplete after 30 days from Approver notification of problem(s) will be made inactive.

One Final Note: All policies are subject to periodic review/update.

DHS Family and Community Support Center

Prevention Assistance Fund

Prevention Assistance Fund Application On-line:

Available on-line at phmc.org



Click on: Programs & Affiliates
 Scroll to: Emergency Assistance
 Click on: Prevention Assistance Fund

PHMC use only: APPLICATION # _____ Date received: _____

PHILADELPHIA DEPARTMENT OF HUMAN SERVICES CHILDREN & YOUTH DIVISION
FAMILY AND COMMUNITY SUPPORT CENTER - PREVENTION ASSISTANCE FUND
 All questions must be answered for Application to be considered complete.

Date application submitted to PHMC: _____

Provider Agency Name: _____

Provider Agency Address: _____ Client Date of Birth: _____

Client Family Name: _____ ☐ Yes ☐ No Has family received assistance from this Fund within the last calendar year?

Client Family Address: _____

Service Type: _____

☐ DV ☐ PVD ☐ OST ☐ Specialized Services ☐ Education Support Center ☐ Other _____

Child Name: _____ Date of Birth: _____ Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____ Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____ Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____ Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____ Child Name: _____ Date of Birth: _____

Description of specific Household need: _____ AMOUNT REQUESTED: \$ _____

This assistance will (check only one): ☐ Prevent Entry into Formal Child Welfare System ☐ Alleviate Family Stressors ☐ Maintain Family Stability & Ensure Children's Safety

Explain how the requested items will produce the outcome checked above.

Explain how failure to obtain the item(s) will affect the outcome.

A list of other resources explored must be attached to this Application.

Address ALL of the following:

- What have the family, provider, and DHS done to overcome the situation and what other resources have been explored?
- What is the plan for avoiding the same occurrences in the future? Note: If requesting payment for utility, mortgage or other arrears, explain how/why the delinquency occurred and how payment of subsequent bills will be sustained if the arrears is reduced or paid off by the Prevention Assistance Fund.

FAMILY INCOME WORKSHEET

Number of ALL adults in the home: _____ Number of ALL children in the home: _____

INCOME		EXPENSES	
\$ _____ Salary (Caregiver)	\$ _____ Rent/Mortgage	\$ _____ Electric	
\$ _____ Salary (ALL other adults in house)	\$ _____ Public Welfare grant (include all grants)	\$ _____ Gas	
\$ _____ Food/Supplies	\$ _____ Social Security	\$ _____ Water	
\$ _____ Child Support	\$ _____ Unemployment benefits	\$ _____ Phone	
\$ _____ Other: _____	\$ _____ Transportation and/or Car payment	\$ _____ House supplies/laundry	
\$ _____ Other: _____	\$ _____ Food	\$ _____ House Car insurance	
\$ _____ Other: _____	\$ _____ Clothing	\$ _____ Cell Phone	
	\$ _____ Miscellaneous: _____		

STIPENDS

\$ _____ Kinship foster care stipend

\$ _____ Adoption PLC subsidy

Total Incoming Revenue: \$ _____ Total Expenses: \$ _____ Monthly Savings: \$ _____

If the only revenue sources noted above are public welfare grant and/or food stamps, please indicate if client is:

- Looking for employment: (circle one) YES NO If "NO" why not? _____
- Enrolled in a vocational training program: YES NO If "YES" where: _____

If the total expenses are greater than the total income, explain how this is sustainable: _____

I have read this application in full. All the information given to the agency concerning this emergency grant is correct to the best of my knowledge. If any information provided is found purposely inaccurate or false, I am responsible for paying back the money paid on my behalf and I will not be able to re-apply for emergency funding, and I agree to allow my social worker to review any bills and expense in the future as a condition of receiving this grant.

SIGNATURES:

Parent/Caregiver signature: _____ Family Social Worker signature: _____

REVIEWED BY: _____ **APPROVED BY:** _____

Family Social Worker's Supervisor Signature: _____ Authorized Approver's Signature: _____

Approver's name: _____ (please print)

Approver's Phone: _____

* The social worker is responsible to ensure that the vendor receives the payment and that the goods/services are delivered or security deposit is received by the landlord. If for some reason the services are not delivered or the housing is no longer available, the social worker must arrange to have the check returned to PHMC before a new check can be issued for the same family. If a family is receiving services from DHS or a designee (provider agency), the social worker is also responsible for regularly reviewing the family's budget and expenses as a condition of receiving this grant.

ITEMIZED REQUEST FORM

AMOUNT	Check delivery*	VENDOR Name/Address/zip	PHMC use: Payment date
HOUSING: No utility arrears will be paid without an agreement or statement that an agreement cannot be reached from utility company. Attach agreement.			
• Rent for long-term lease	\$ _____		
• Mortgage/Rent arrears	\$ _____		
• Utility deposits/arrears	\$ _____		
• Security Deposit (minimum one year lease)	\$ _____		
EMERGENCY HOME REPAIRS: Any repair work over \$900 must submit a 2 nd estimate and contractor's license. Any repair work over \$1,500 must submit a 3 rd estimate and contractor's license.			
• Plumbing/roofing/electrical/heating/ windows/banisters/locks/doors/disability supports	\$ _____		
• One time cleaning or junk disposal	\$ _____		
• Pest Control (6 months max)	\$ _____		
EMERGENCY SERVICES:			
• Babysitting/Respite service	\$ _____		
EMERGENCY ITEMS:			
• Refrigerator (\$450 maximum)	\$ _____		
• Child Bed (\$250 maximum per child) Crib, Twin beds & bunk beds only	\$ _____		
• Other:	\$ _____		
OTHER EMERGENCY EXPENSES: This category can be used for any emergency expenses that are not listed on the application but are considered necessary to achieve one of the listed outcomes. The DHS Commissioner or designee must approve applications with "other" items. The review process is rapid, and should encourage potential applicants to submit creative, appropriate requests on behalf of the families with whom they work.			
Describe expense: _____			
TOTAL AMOUNT OF REQUEST	\$ _____	*Payment codes: MV = mail vendor MA = mail administrator PU = pick up at PHMC	

When clarification is needed for an application, PHMC will e-mail notify the signing Administrator. Applications will be inactivated 30 days after last contact with the signing Administrator and a new application must be submitted.

MAIL APPLICATIONS TO:

PHMC - DHS Funds
Center Square East
1500 Market St, Suite 1500
Philadelphia, PA 19102