



Critical Needs Request

Applicant Name _____

Critical Needs Request	Estimated Cost:
	Applicant Contribution:
	Total Requested Amount:

Please answer the following questions in as much detail as possible:

Why is consumer in the current situation?	
Has consumer been to DSS/other agencies for assistance? If so, why were they denied?	
Why are no other options available to obtain the requested assistance?	
What is the expected outcome as a result of this request?	
Additional information/referrals?	
What is the consumer's future goal?	

<input type="checkbox"/> Approved
<input type="checkbox"/> Denied