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|  | **Tennessee Department of Human Services**  **Specific Assistance Request** |

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| Agency Name |

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| Click to Enter Date | Balance of Specific Assistance Budget: | Budget Balance |

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| Agency Contact | Name |
| Contact Email | Contact Email |

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| Client Name |

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| Date of Birth: | Type Client DOB | Client County: | Choose a County |
| US Citizen or Qualified Non-Citizen? | Select | Documentation Attached? | Select |
| Open APS Case? | Select | APS Worker Name | Enter Worker Name |
| Client Address | Enter Client Address | | |
| Client Circumstances | Explanation of Client Circumstances and Need | | |
| Stability | Describe how the assistance will benefit the client insofar as it will lead to stability rather than becoming an ongoing necessary expense. | | |
| Service Goals | Select which SSBG Service Goal the assistance addresses. | | |

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| Specific Assistance Type |

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| Assistance for services require three quotes. | | | Three Quotes Attached? | Select |
| Type 1 | Choose a type. | | | |
| Type 2 | Choose a type. | | | |
| Other | Describe other type of Assistance Needed | | | |
| Dollar Amount Requested | | Enter Total Dollar Amount of Requested Assistance | | |

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| Previous Action Taken |

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| All other available community resources must be expended. | | |
| Select Resource 1 | Click to Enter Application Date | Describe Outcome of Referral |
| Select Resource 2 | Click to Enter Application Date | Describe Outcome of Referral |
| Select Resource 3 | Click to Enter Application Date | Describe Outcome of Referral |
| Select Resource 4 | Click to Enter Application Date | Describe Outcome of Referral |

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| TDHS SSBG Staff Only |

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| Request Approved? | Select | Maximum Amount Approved | | Enter Approved Amount |
| Select or Enter Name |  | | Approval Date | |
| Approver 1 Notes: | Enter Optional Notes Here | | | |
| Select or Enter Name |  | | Approval Date | |
| Approver 2 Notes: | Enter Optional Notes Here | | | |
| Select or Enter Name |  | | Approval Date | |
| Approver 3 Notes: | Enter Optional Notes Here | | | |