

Williston v. Eggleston Individual Relief Form

To: Tara Crean / Leslie Annexstein
Homelessness Outreach and Prevention Project, Urban Justice Center
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Email: tcrean@urbanjustice.org or lannexstein@urbanjustice.org

From: Name _____
Organization _____
Telephone _____
Fax Number _____
Email _____
Date _____

Name of Client _____

Client address _____ Phone # _____

Food Stamp case number _____

Social Security # _____ EBT card # _____

How many people are in the household? _____

Names, ages and relationship to each other _____

Sources and amounts of any household income _____

Does the client live with anyone not in the food stamp household? If not, explain. _____

Monthly rent _____ Type of Housing (e.g, private, NYCHA, Section 8) _____

Does your client pay separately for heating and cooling? [Y/N] _____

List Resources, if any _____

Non Cash Assistance (NCA) Food Stamp Center name/number _____

Date client applied for food stamps at an NCA Center _____

Has your client received any food stamps in conjunction with this application? [Y/N] If yes, when and how much? _____

Has your client received a written notice telling him/her that their food stamp application was either accepted or rejected by the agency? [Y/N] If so, please attach the notice.

Please check the situation that applies:

HRA failed to provide expedited food stamps within five calendar days of application.

HRA failed to provide "ongoing" food stamps within thirty calendar days of application.

Additional information:

Please complete this Form as thoroughly as possible to obtain prompt relief.