FLORIDA DEPARTMENT OF EDUCATION
FARMWORKER CAREER DEVELOPMENT PROGRAM

South Florida State College
600 W. College Dr. Avon Park, FL 33825
(863)784-7166

EMERGENCY ASSISTANCE REQUEST FORM

1. TO: **FCDP Emergency Assistance – Agricultural Labor Program Inc.**	**2. FROM (PROJECT):**
3. CUSTOMER NAME & State Id #.:	**4. DATE:**

5. REASON FOR REFERRAL:

- ☐ **Gas Cards (Marathon)**
- ☐ **Gas Cards (Race Trac)**
- ☐ **Cooking Gas Bill**
- ☐ **Food Card**
- ☐ **Rent**
- ☐ **Utilities (Light Bill)**
- ☐ **Water Bill**
- ☐ **Other** _____

6. I am aware of and request the above services. I authorize the release of the information from item #7 to the Local Office. *Estoy consciente de estar solicitando los servicios indicados arriba. Yo autorizo en proveer a La Oficina Local la información indicada en el #7.*

_____
Participant's Signature / *Firma del participante*

8. STAFF SIGNATURE:

7. Documents in Employ Florida:
~Emergency Assistance Request Form
~Employ Florida Application signed
~Work History (all back-up documentation)
~Family Size Log (all back-up documentation)
~Complaint Procedures signed
~ Release of Information Form signed by all family members 18 or older.
~ Proof of Public Assistance or Self-Attestation of Public Assistance
~ Landlord Verification Form (service in rent)
~W-9 (service in rent)

THIS SECTION TO BE COMPLETED BY ALPI- EA

10. ☐ **ACCEPTED (completed)** ☐ **NOT ACCEPTED (not completed)**

ACTION TAKEN:

AGENCY / SIGNATURE: _____

TITLE: **DATE:**

11. COMMENTS: STAFF USE ONLY
(If agency/company did not reply, indicate method of finding results.)

Rev. 8/2019
IMPORTANT: EA staff will enter the activity codes and case notes into Employ Florida for each service received.