EMERGENCY FOOD & SHELTER PROGRAM

OTHER SHELTER ASSISTANCE FORM

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| --- | --- | --- | --- | --- |
| EFSP Phase: | Choose an item. | | Jurisdiction: | Choose an item. |
| LRO Name & LRO#: | | Choose an item. | | |

***NOTE:*** For other shelter assistance, EFSP funds can only be used once the client/household has checked out of the hotel/motel. If the client/household is currently staying in the hotel/motel, EFSP will not process this payment request. HFUW will issue the payment directly to the vendor (motel/hotel). EFSP funds cannot be applied to incidental services such as phone, wifi or laundry. The vendor’s unpaid invoice must be itemized to show the room costs separate from any incidental costs.

**Client Information** (required)

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| --- | --- | --- | --- |
| **Last Name:** | Click or tap here to enter text. | **First Name:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Vendor Name:** Hotel/Motel Name | Click or tap here to enter text. |
| **Vendor Address:** City/State/Zip | Click or tap here to enter text. |

|  |  |
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| **Entire date of Stay:**  *(mm/dd/yy – mm/dd/yy)* | Click or tap to enter a date. - Click or tap to enter a date. |

|  |  |
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| **Date of Stay for EFSP Payment:**  *(mm/dd/yy – mm/dd/yy)*: | Click or tap to enter a date. - Click or tap to enter a date. |

***NOTE:*** For other shelter assistance, eligible program costs include off-site emergency lodging (room and tax only) in a hotel/motel or other off-site shelter facility provided conditions 1 and 2 are met: (1) no appropriate on-site shelter is available; and (2) it is limited to 30-days assistance per individual or household during the current program period.

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| --- | --- | --- | --- |
| **Invoice Date:**  *Must be last day of stay.* | Click or tap to enter a date. | **Rate per night :** | $Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Invoice Number**  *(If none enter N/A):* | Click or tap here to enter text. | **Total Invoice Amount:** | $Click or tap here to enter text. |
| **EFSP Portion of Invoice:** | | | $ Click or tap here to enter text. |

***NOTE:*** *Along with this form, two other documents must be submitted:* (1) individualized **itemized** vendor invoice (on vendor stationary) with client name and vendor name, and (2) a copy of the identification for all adults in the household.