Emergency Financial Assistance (EFA) Program
Referral Certification Form

It is expected that all other sources of funding in the community for financial assistance will be used prior to accessing Ryan White Emergency Financial Assistance. **Applicants and case managers must complete this EFA Program Referral Certification Form for each Ryan White Emergency Financial Assistance service area (excluding Moving Assistance and Emergency Medication Assistance service categories) in which they apply to verify efforts to access other community resources.**

Applicant's Name_____   Today's Date _____

I, _____ confirm that the above named
       Referring Case Manager's Name

applicant was referred to _____
       Agency's Name

for _____ on _____. The result of the
       Service Referred For   **Date**

referral was:_____

_____

If applying for Emergency Food Voucher assistance, has the applicant recently applied for the Supplemental Nutrition Assistance Program (SNAP)? _____ Yes _____No

If yes, date of SNAP Application:_____

If yes, result of SNAP Application (circle):   Approved   Pending   Denied

_____   _____

Case Manager Signature   **Date**

_____

Case Manager Agency

My signature below confirms that the above information is accurate.

_____   _____

Applicant's Signature   **Date**