# Emergency Financial Assistance (EFA) Program
# Referral Certification Form

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

**Applicant's Name: _____ Today's Date: _____**

The above named client has applied for Emergency Financial Assistance with the following services and

I, _____, confirm that the above named applicant was referred to the following resources:
Referring Case Manager

☐ **Emergency Rental Assistance**. Applicant was referred to_____ to access rental assistance on
Agency's Name
_____. The result of the referral: ☐ Approved ☐ Denied ☐ Pending
Date

☐ **Emergency Utility Assistance**. Applicant was referred to_____ to access utility assistance on
Agency's Name
_____. The result of the referral: ☐ Approved ☐ Denied ☐ Pending
Date

☐ **Emergency Food/ Hygiene Assistance**. Applicant was referred to_____ to access food assistance on
Agency's Name
_____. The result of the referral: ☐ Approved ☐ Denied ☐ Pending
Date

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: _____Result of SNAP Application: ☐ Approved ☐ Denied ☐ Pending

_____ _____
**Case Manager Signature** **Date**

_____
**Case Manager Agency**

My signature below confirms that the above information is accurate.

_____ _____
**Applicant's Signature** **Date**