LDSS-3815 (Rev. XX/25)

Request for an Additional Allowance and/or Other Help by a Temporary Assistance Recipient

Case Name: _____ Case Number: _____

Address: _____

Phone Number: _____

To request a Temporary Assistance allowance or other help for a specific situation, **check all that apply**.

☐ Restaurant or Home-Delivered Meals Allowance because I cannot prepare meals at home.
☐ Pregnancy Allowance
☐ Birth Allowance for Beginning Year (BABY)
☐ Moving Expenses
☐ Rent Security Deposit or Agreement
☐ Brokers' or Finders' Fees
☐ Storage of Furniture and Personal Belongings
☐ Repair of Essential Household Appliances
☐ Property Repairs
☐ Payment of Overdue Rent
☐ Payment of Overdue Mortgage and/or Property Taxes
☐ Purchase or replacement of furniture and Other Household Items

Child Care Assistance because (choose one):

☐ I am working.
☐ I am under 21 and want to get a high school equivalency diploma.
☐ I want to attend work-related training required by the social services district.
☐ I am sick or incapacitated and cannot care for my children.
☐ Other (please describe): _____
_____

For Worker Use Only:

List the documentation the client submitted to support their request:

_____
_____
_____

Client's Signature: _____

Date: _____

Worker's Signature: _____

Date: _____