

EMERGENCY NEEDS ASSESSMENT REQUEST

Date: _____

Dear Ministry of Human Resources Worker:

I, _____, have immediate needs which constitute an emergency and therefore require an expedited application appointment.

In particular:

1. I have an urgent need for food and no alternative resources to get food because _____
_____.

or

2. I have an immediate need for emergency shelter because _____
_____.

or

3. I have an emergency medical need that must be met immediately. My emergency medical need is for _____
_____.

and

I have explored all other alternative resources such as _____

_____.

In light of the above circumstances, I have an urgent need for income assistance and must be allowed to apply immediately.

Yours truly,

COMPLETED BY HEALTH PROFESSIONAL

SIGNATURE: _____

NAME: _____

POSITION: _____

PHYSICIAN ID #: _____

DATE: _____

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Date: _____

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In particular:

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In light of the above circumstances, I have an urgent need for income assistance and must be allowed to apply immediately.

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