

**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE FOR FAMILY INDEPENDENCE**

**EMERGENCY ASSISTANCE PROGRAM  
INFORMATION SHEET FOR APPLICANTS**

The program is for families with children under the age of 21 or pregnant individuals in their third trimester of pregnancy. No cash grants are made. Payments are made directly to providers of goods or services. Payments are made during a thirty day period in a 12 month cycle. There is an overall limit of \$600. There is also a limit on amounts, as shown below. In order to process your application as quickly as possible, we ask that you include with your application PROOF OF YOUR HOUSEHOLD'S INCOME (last 8 pay stubs, etc.) and those items listed under each below.

- |           |   |                |                                   |
|-----------|---|----------------|-----------------------------------|
| <b>1.</b> | <b><u>Natural disasters such as fire, flood or storms:</u></b><br>A. List of the assistance requested.<br>B. A written estimate of repairs to be made.<br>C. Cost of labor and materials is needed.<br>D. Proof of the loss.  | <b>Maximum</b> | <b>\$350</b>                      |
| <b>2.</b> | <b><u>Repairs/Replacement of septic systems, wells, chimney, plumbing, furnaces and heating stoves:</u></b><br>A. A written estimate from a reputable repairman of the cost including labor and materials.<br>B. Proof that you own the property.<br>C. If requesting a heating stove, fire department needs to verify that chimney and hook-ups are safe and existing stove is unsafe. | <b>Maximum</b> | <b>\$500</b>                      |
| <b>3.</b> | <b><u>Evictions (not due to misuse of property):</u></b><br>A copy of the eviction received from your landlord. This must be an official notice that if back rent/mortgage is not paid you will be evicted. This must include landlord's name, address and phone number.  | <b>Maximum</b> | <b>\$250</b>                      |
| <b>4.</b> | <b><u>Utility Shut Off:</u></b><br>A copy of the shut off notice. This must be an active notice and be in the name of an Emergency Assistance eligible member of your household and be the result of a broken payment agreement.  | <b>Maximum</b> | <b>\$150</b>                      |
| <b>5.</b> | <b><u>Special equipment due to disability which is not covered by MaineCare or Vocational Rehabilitation</u></b><br>A. A brief explanation of the disability.<br>B. Statement from the doctor regarding the necessity for the equipment.<br>C. An estimate of the cost of the equipment.  | <b>Maximum</b> | <b>\$250<br/>(per individual)</b> |

Even though you may be facing an emergency situation, unless it is due to one of these reasons, your application will have to be denied, even when your income and resources do not exceed limits of policy. You will be contacted by mail or phone if we have questions. You will receive a decision within 10 days of receipt of an application and all information needed to complete the application.

**NOTICE**

If you need help with this form, call the local DHHS office. If you do not include all of the information with your application, it may delay processing.

## ADDITIONAL SERVICES

If you are not registered to vote where you live now and would like to apply to register to vote, you may complete this sheet and the green card enclosed with this application. Applying to register or refusing to register to vote will not affect the amount of assistance that you will receive.

## MAINE VOTER REGISTRATION AGENCY CERTIFICATION

(To be completed with each agency for service or assistance, and with each recertification, renewal, or change of address form processed, in accordance with 52 U.S.C. 20501 et seq.)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- ☐ Yes, I would like to register to vote at my current residence address.
- ☐ No, I do not need to register because I am already registered at my current residence address.
- ☐ No, I do not want to register at this time.

**IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.** Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will remain confidential and may be used only for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

State law requires you to register to vote in person if registering within 15 days of an election. Due to delays caused by mailing, it is suggested that you register in person if you intend to vote at an election within the next 20 days.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### IMPORTANT: READ AND COMPLETE THIS SECTION IF SUBMITTING THIS DOCUMENT ELECTRONICALLY:

☐ By checking this box and typing my name in the Applicant box above, I am electronically signing this document. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Check if voter registration application was completed or provided to applicant:

- ☐ Voter Registration Form completed and received for transmittal to the Elections Section.
- ☐ Voter Registration Form given to applicant for later completion at the applicant's request.
- ☐ Voter Registration Form given to third party \_\_\_\_\_ on behalf of applicant.

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Date

### PLEASE RETAIN THIS PORTION FOR FUTURE REFERENCE

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Secretary of State  
Bureau of Corporations, Elections and  
Commissions  
101 State House Station  
Augusta, Maine 04333-0101

**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE FOR FAMILY INDEPENDENCE**

**APPLICATION FOR  
EMERGENCY ASSISTANCE**

<b>STAFF USE ONLY</b>			<b>DATE RECEIVED:</b> _____
	Open	Closed	Date _____ Return to your Local Office
TANF/PaS	<input type="checkbox"/>	<input type="checkbox"/>	_____
SNAP	<input type="checkbox"/>	<input type="checkbox"/>	_____
MaineCare	<input type="checkbox"/>	<input type="checkbox"/>	_____
SSI	<input type="checkbox"/>	<input type="checkbox"/>	_____
Last EA	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please read each question carefully before you answer it. The answers you give will be used to decide if you can receive Emergency Assistance from the State of Maine. If a friend or relative helps you complete this form, the person helping you must also sign this form.

<b>INFORMATION ABOUT PERSON APPLYING FOR HELP:</b>	
NAME: _____	SSN _____
<div style="display: flex; justify-content: space-around; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	
CITY OR TOWN WHERE YOU ACTUALLY LIVE: _____	
DATE OF BIRTH _____ GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary: <input type="checkbox"/>	
PHONE NUMBER WHERE YOU CAN BE REACHED: _____	
(MAILING ADDRESS) STREET, PO BOX, OR RFD: _____	
ADDRESS WHERE YOU ACTUALLY LIVE: _____	
CITY _____	STATE _____ ZIP CODE _____

<b>LIST THE FOLLOWING FOR ALL PERSONS APPLYING FOR BENEFITS:</b>				
NAME	DATE OF BIRTH	GENDER	SOCIAL SECURITY #	RELATIONSHIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ARE THE PARENTS OF THESE CHILDREN LIVING IN THE HOME?** YES ☐ NO ☐

**IF NO, EXPLAIN:** \_\_\_\_\_

**IS ANYONE IN YOUR HOUSEHOLD PREGNANT?** YES ☐ DUE DATE \_\_\_\_\_ NO ☐

<b>I AM ASKING FOR HELP BECAUSE OF:</b>
<input type="checkbox"/> Disaster (fire, flood, storm, etc.)
<input type="checkbox"/> Eviction (List landlord's name, address & phone number) _____
<input type="checkbox"/> Repair or replacement of furnace, chimney, septic system, heating stoves, plumbing and electrical
<input type="checkbox"/> Utility shutoff (electricity, gas, sewer or water)
<input type="checkbox"/> Special equipment due to handicap (not covered by MaineCare)
Why do you need this help? (In your own words as completely as possible)

If everyone in your household can answer yes to any of the following questions, please turn to page 3 and sign. If all are no, please complete the entire form.

Are you receiving TANF/PaS? YES ☐ NO ☐  
 Are you receiving SNAP? YES ☐ NO ☐  
 Are you receiving SSI? YES ☐ NO ☐

Income from work: Fill in all blanks for each household member with a full or part time job. If a member has more than one job, list each separately.

Household Member	Name of Employer	Amt. of Each Pay Check (before deductions)	How Often Paid

**If yes, give their names below:**

Is anyone in your household self employed? YES ☐ NO ☐

Did any adult family member refuse employment or training? YES ☐ NO ☐

Is anyone in your household on strike? YES ☐ NO ☐

Source of Income Received	Who Receives This Income	Amt. of Each Payment	How Often Received
Income from Boarders			
Social Security			
SSI			
VA (Veterans Benefits)			
Pension or Retirement			
Unemployment or Workers' Comp			
Child Support\Alimony			
Money from friends or relatives (other loans)			
Other Income Amounts			

Does anyone in your family pay someone to care for a child or disabled adult?

YES ☐ NO ☐

If yes, amount paid per week \$

**PLEASE READ CAREFULLY**

Information on this form and given at the interview will be used to decide if you can receive Emergency Assistance and how much you can receive.

We will contact landlords, utility companies and others to verify information given on this form if it is necessary. We may also use Social Security Numbers to check your income through the use of our data processing system.

You will get a letter which says your case is granted or denied. If denied, we will say why it was denied. The letter will also explain your hearing rights.

If you disagree with our decision, you may request a fair hearing by calling your worker.

You will have to repay any money which you were not eligible to receive. The State may take court action to get this money.

I certify under penalty of perjury that my answers are correct and complete.

DATE: \_\_\_\_\_

\_\_\_\_\_  
YOUR SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON HELPING TO  
COMPLETE FORM

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For Office Use Only

**Phone Numbers for Offices Handling Emergency Assistance**  
**Statewide Toll-Free: 1-855-797-4357**  
**TDD: 711 (Maine Relay)**

Augusta Regional Office	624-8090 Fax: 624-8074
Bangor Regional Office	561-4333 Fax: 941-8856
Biddeford Regional Office	286-2430 Fax: 286-2408
Calais Regional Office	1-855-797-4357
Caribou Regional Office	493-4000 Fax: 493-4001
Ellsworth Regional Office	664-1400 Fax: 667-5364
Farmington Regional Office	778-8400 Fax: 778-8429
Fort Kent Regional Office	834-1000 Fax: 834-1001

Houlton Regional Office	532-5000 Fax: 532-7995
Lewiston Regional Office	795-4394 Fax: 795-4444
Machias Regional Office	255-2000 Fax: 255-2022
Portland Regional Office	822-2071 Fax: 822-2146
Rockland Regional Office	596-4217 Fax: 596-4331
Sanford Regional Office	490-5418 Fax: 490-5463
Skowhegan Regional Office	474-4848 Fax: 474-4888
South Paris Regional Office	744-1250 Fax: 743-8798