



ND RYAN WHITE PROGRAM PART B REQUEST FOR EMERGENCY FINANCIAL ASSISTANCE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISEASE CONTROL AND FORENSIC PATHOLOGY
SFN 58588 (2-2024)

Client's Name	RW Number	RW Agency
Assistance Requested <input type="checkbox"/> Rent <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Gas Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Other:		
Please provide a brief explanation of the current situation that would place you in need of emergency financial assistance (EFA):		
Time Period (months)	Amount Requested (\$)	
Have you applied for HOPWA assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you currently receiving HOPWA assistance? <input type="checkbox"/> Yes, amount (\$): <input type="checkbox"/> No	
Have you applied for Section 8 (HUD) assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you currently receiving Section 8 assistance? <input type="checkbox"/> Yes, amount (\$): <input type="checkbox"/> No	

Procedure

Emergency Financial Assistance is available up to \$2,000 or two months of rent assistance per grant year for Ryan White clients who can demonstrate a need and an emergency that places them at risk of losing housing. Clients may be eligible for additional assistance if their housing burden is greater than 30% of their gross household income, or if they are experiencing an economic or medical crisis. Approval for assistance above the cap is based on available funding and must be reviewed by the ND Ryan White Program Coordinator.

Clients that are receiving HOPWA assistance are not eligible for EFA above the grant year cap.

Is this request for assistance above the \$2,000 annual cap? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of EFA client has received this grant year (\$)
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Housing Burden (for case managers)

Monthly Rent (\$)	Monthly Utilities (\$)	Gross Household Income (\$)	Household Size
*Calculate the housing burden by dividing the cost of rent and utilities by the monthly household income. (e.g. monthly rent of \$1,000 plus utilities of \$250, for an individual with an income of \$30,000 is $\$1,250/\$30,000 = 0.42$ or 42%).			
Clients with a housing burden at or above 30% of their income may receive emergency assistance for rent and utilities up to the Fair Market Rent based on available funding.			
To calculate the amount of EFA the client is eligible for use this formula: $\text{FMR} - (0.30 \times \text{monthly gross household income}) = \text{EFA Amount}$			
FMR (\$)	Housing Burden	EFA Amount (\$)	

Economic or Medical Crisis

Is the client experiencing any of the following?

☐ Loss of employment ☐ Medical disability or emergency ☐ Other, please explain:

Request

☐ Approved, amount (\$):

☐ Denied, reason:

Notes:

Signatures

Client/Guardian	Date
Case Manager	Date
ND Ryan White Coordinator (for requests above the annual cap)	Date