Montgomery County Emergency Assistance

Request for Assistance Form

Client Name _____ **Date**_____

What are you asking MCEA to help you with? Check all that apply.

Utility bill (Elec., gas) ____ Rent/Mortgage ____ Gas Voucher ____

Temporary Shelter ____ Temporary Child Care ____ Prescription ____

Groceries ____ Clothing ____ Other (describe)_____

Give the date of the unexpected emergency and details. Tell us why you believe MCEA should assist at this time; i.e., job loss, medical bills, etc. Use the back of this page if needed. Please print.

What other community agencies have you contacted about your current need?

----------STAFF NOTES BELOW THIS POINT----------