

**Steppin' Out, Inc.
Emergency Assistance Program
Application Form**



Our Mission: Support ALL Larimer County youth, ages 18 through 21, as they exit out-of-home placement.

Steppin' Out, Inc. offers emergency assistance to young adults who qualify for any Steppin' Out program. To receive emergency assistance, please complete and sign this form, and return it to your CoPal. Assistance is available for basic needs such as rent, apartment deposit, cell phone bills, utilities, food, clothing, some medical expenses, transportation, gas, some auto repairs, tire replacement, etc. Please keep in mind that it may take up to 48 hours to receive assistance.

Note: You must provide documents to verify your need, such as a copy of a lease, income statements, your money management plan and working budget, appropriate bills, receipts for reimbursement and so forth. Please contact your CoPal for help, and attach the documents to this form.

Name _____

Phone Number_(____)_____

Street Address _____

City, State, Zip Code _____

Date Of Birth _____

Emergency Contact Name _____

Emergency Contact Relationship To You _____

Emergency Contact Phone Number_(____)_____

Please check all that apply:

Currently in a public or private, accredited college/university/community college/technical institute

Name of institution _____

Education status _____

Credits this semester _____

Graduation year _____

Employed at least 20 hours per week

Employer _____

Address _____

Supervisor's name _____

Starting date _____

Working _____ hours per week at \$ _____ per hour

Volunteer 10 hours per week

Volunteer organization _____

Address _____

Supervisor's name _____

Actively seeking employment for as many hours per day as working hours desired

Number of hours seeking employment last week _____

Contacted these employers _____

Involved in job training, internship, or apprentice program

Agency _____

Address _____

Supervisor's name _____

Training for what skill or job _____

Emergency Assistance Request Purpose _____

Total dollar amount needed _____

Your Signature _____ Date ____/____/____

Steppin' Out, Inc. CoPal Name _____

Steppin' Out, Inc. CoPal Signature _____ Date ____/____/____