

# Request for Emergency Food Assistance

Client Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_ Client DOB: \_\_\_\_\_

I hereby certify that the above named client is currently eligible to receive Public Mental Health Services as indicated:

**BOTH of the Following:**

- Uninsured or Medicaid Eligible
- Qualifying ICD-9 Diagnosis: \_\_\_\_\_ (please specify)

**AND**

**Adults with a serious mental illness with at least one of the following (check applicable):**

- Homeless or in Shelter Plus Care
- At risk of, or going into, or will be released from an inpatient hospital stay
- Residing in Independent Housing and in need of services to retain their housing
- Being released from a Detention Center
- Have received services in the public mental health system within the last 2 years

**OR**

**Children & adolescents with serious emotional disturbance with at least one of the following (check applicable):**

- Inpatient psychiatric treatment
- Treatment in a Residential treatment Center (RTC)
- An out of home placement due to multiple life stressors
- Have received services in the public mental health system within the last 2 years

**AND** that all other resources have been exhausted (Mark "Y" for pertinent item(s)):

Personal Resources  Assistance from Family/Friends  Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

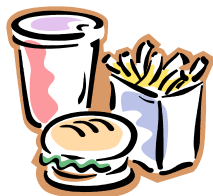
\_\_\_\_\_  
(Signature of Person Making Request)

\_\_\_\_\_  
MHSO (CSA) Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
MHSO (CSA) Director or Designee

\_\_\_\_\_  
Date



*ALLEGANY COUNTY MENTAL HEALTH SYSTEM'S OFFICE (CSA)*  
A division of the Allegany County Health Department

**Emergency Food Receipt**

Date: \_\_\_\_\_

Received this date from the Mental Health System's Office (CSA) \$\_\_\_\_\_ Food Gift Certificates/Cards. I understand that the gift certificates/cards are to be utilized **only** by \_\_\_\_\_  
\_\_\_\_\_. I further agree that any unauthorized usage shall result in immediate revocation of future participation in the Mental Health System's Office (CSA) Emergency Food program.

Client Signature: \_\_\_\_\_