

**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.

<p><b>1. <u>Natural disasters such as fire, flood or storms:</u></b></p> <p>A. List of the assistance requested.            B. A written estimate of repairs to be made.            C. Cost of labor and materials is needed.            D. Proof of the loss.</p>	<p><b>Maximum</b></p>	<p><b>\$350</b></p>
<p><b>2. <u>Repairs/Replacement of septic systems, wells, chimney, plumbing, furnaces and heating stoves:</u></b></p> <p>A. A written estimate from a reputable repairman of the cost including labor and materials.            B. Proof that you own the property.            C. If requesting a heating stove, fire department needs to verify that chimney and hook-ups are safe and existing stove is unsafe.</p>	<p><b>Maximum</b></p>	<p><b>\$500</b></p>
<p><b>3. <u>Evictions (not due to misuse of property):</u></b>            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.</p>	<p><b>Maximum</b></p>	<p><b>\$250</b></p>
<p><b>4. <u>Utility Shut Off:</u></b>            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.</p>	<p><b>Maximum</b></p>	<p><b>\$150</b></p>
<p><b>5. <u>Special equipment due to disability which is not covered by MaineCare or Vocational Rehabilitation</u></b></p> <p>A. A brief explanation of the disability.            B. Statement from the doctor regarding the necessity for the equipment.            C. An estimate of the cost of the equipment.</p>	<p><b>Maximum</b></p>	<p><b>\$250 (per individual)</b></p>

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 on behalf of applicant.
- Voter Registration Form given to third party \_\_\_\_\_

\_\_\_\_\_  
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