

Jewish Community Hurricane Laura Financial Assistance Application Information

The Jewish Federation of Greater New Orleans, through the Jewish Louisiana Hurricane Laura Relief Fund and in partnership with Jewish Family Service of Greater New Orleans (JFS), will provide needs-based financial assistance to Jewish Louisiana residents impacted by Hurricane Laura. Financial assistance is available as grants to reimburse residents for expenses paid. There is no automatic entitlement to financial assistance through the Jewish Louisiana Hurricane Laura Relief Fund. **Assistance is available per household.** Only one individual per Jewish household may apply.

ELIGIBILITY REQUIREMENTS

To be eligible for financial assistance through the Jewish Louisiana Hurricane Laura Relief Fund you must:

- Have been a resident of the Greater Alexandria or Lake Charles area on August 27, 2020
- Have been impacted by Hurricane Laura
- Be a member of a Jewish household, which is defined as any household with one 21+ Jewish individual
- Complete and submit the full financial assistance application and include required documentation of actual expenses
- Participate in an intake call with a Jewish Family Service of Greater New Orleans case manager

HOW TO APPLY

Jewish Louisiana Hurricane Laura Relief Fund Application Process:

- Complete the full financial assistance application and include all required documentation of actual expenses
- Submit application materials to Jewish Family Service of Greater New Orleans (JFS)
- A JFS case manager will hold at least one intake call with the applicant
- Once all documentation is complete, the JFS Financial Assistance Committee will meet to review grant applications
- Applicants will be notified of their decision after the committee has met

Jewish Family Service of Greater New Orleans

Financial Assistance for individuals/families directly impacted by Hurricane Laura (August 27, 2020)

Purpose of Grant: This one-time grant is to provide **needs-based assistance** for Jewish households in the Louisiana Hurricane Laura disaster area who sustained significant losses. This grant is to help repair homes, replace destroyed furniture, provide food and assistance for temporary housing while necessary repairs are made. Grants will range from \$750 - \$5,000. Grants will be approved based on eligibility and grant criteria detailed in the application forms and subject to availability of funds. There is no automatic entitlement.

1. Emergency Financial Assistance is needs-based.

2. Emergency Financial Assistance Eligibility

- ❖ Applicant must be a member of a household with at least one Jewish individual over 21 years of age
- ❖ One application per household
- ❖ Residency in the Hurricane Laura disaster area on August 27, 2020
- ❖ Sustained financial loss as a result of Hurricane Laura

3. Emergency Financial Assistance Available: (check all that apply)

- Temporary housing –rent, mortgage, utilities, furniture, insurance, etc.
- Uninsured cost of repairing home & replacing destroyed furniture & appliances
- Transportation
- Medical/Health care
- Food
- Other _____

4. Distribution of funds:

- ❖ Grant will be distributed upon presentation of invoices

FINANCIAL ASSISTANCE APPLICATION CHECKLIST

All Requests Require:

- Form A:* Completed Application
- Form B:* Fund Request Form
- Form C:* Three Personal References
- Form D:* Personal Financial Statement Form
 - Proof of employment/income
 - Copy of Louisiana Driver's License
 - Documentation of current residence

Jewish Family Service of Greater New Orleans

FORM A: FINANCIAL ASSISTANCE APPLICATION

All personal information provided in this application will be treated as confidential.

APPLICANT INFORMATION

Name _____ Maiden name or AKA _____

Street address _____

City _____ State _____ Zip _____ Home phone (____) _____

Cell phone (____) _____ E-mail _____

Driver's license no. _____ Date of birth ____ / ____ / ____ City of birth _____

State _____ In Louisiana since: _____

Marital Status:

Single ___ Married ___ Divorced ___ Separated ___ Widower ___ Domestic Partner ___

Rent ___ Own ___ Rent/Mortgage \$ _____ / month How long at this address: _____

Applicant's occupation _____ Name of employer _____

Salary (gross) \$ _____ Employed since _____ Business address _____

City _____ Zip _____ Phone (____) _____

Name of nearest close relative or friend _____

Relationship _____

Relative's address _____ City _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____

Jewish Family Service of Greater New Orleans

SPOUSE OR DOMESTIC PARTNER AND DEPENDENT INFORMATION

Co-Applicant's name _____ Maiden name _____

Cell phone (____) _____ E-mail _____

Driver's license no. _____

Date of birth ____ / ____ / ____ U.S. citizen: Yes __ No __

City of birth _____ State _____

If foreign born, emigrated from: _____ In U.S. since: _____

Occupation _____

Name of employer _____

Salary (gross) \$ _____ per _____ Employed since _____

Business address _____

City _____ Zip _____ Phone (____) _____

Cell Phone (____) _____ Home Phone (____) _____

Number of dependents _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Do you have: Renter's or Homeowner's insurance? Yes No

Have you contacted: Your insurance agent? Yes No

FEMA? Yes No

Jewish Family Service of Greater New Orleans

FORM B: FINANCIAL ASSISTANCE REQUEST FORM

I certify that I meet all four of the criteria below for this grant:

- I am Jewish.
- I am 21 years old or older.
- I lived in the Hurricane Laura disaster area on August 27, 2020.
- I sustained financial loss during the storm and its aftermath.

1. Amount Requested: \$ _____

2. Please explain in what way you were impacted: _____

3. What will the assistance pay for? _____

(Check all that apply)

- ____ Loss of employment
- ____ Displacement from home
- ____ Loss of business
- ____ Relocation expenses
- ____ Loss of clothing
- ____ Loss of essentials
- ____ Other

I certify that the information contained in this application is complete and accurate.

I have read the criteria and I believe that I am eligible for financial assistance.

I understand that this information will be presented to Jewish Family Service of Greater New Orleans Financial Assistance Committee, who will keep my personal information confidential.

Applicant Signature

Date

Jewish Family Service of Greater New Orleans

FORM C: PERSONAL REFERENCES

Please Provide 3 personal references:

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ Email: _____

Jewish Family Service of Greater New Orleans

FORM D: APPLICANT PERSONAL FINANCIAL STATEMENT FORM

Monthly Income		Monthly Expenses	
Wages after Taxes	\$	Rent	\$
Dividends and Interest	\$	Mortgage	\$
Pension	\$	Utilities	\$
Alimony	\$	Telephone	\$
Child Support	\$	Insurance	\$
Social Security	\$	Car Payment	\$
Public Assistance	\$	Car Maintenance	\$
Food Stamps	\$	Childcare/Dependent Care	\$
Family Support	\$	Student Loan	\$
Other	\$	Other Loan	\$
Other	\$	Food	\$
TOTAL INCOME AFTER TAXES	\$	Medical Bills/Prescriptions	\$
		Other	\$
DISASTER ASSISTANCE TO DATE		Other	\$
Gift cards	\$	Other	\$
Financial Assistance	\$	Other	\$
DSNAP	\$	Other	\$
Other	\$	Other	\$
TOTAL ASSISTANCE	\$	TOTAL EXPENSES	\$
ASSETS		LIABILITIES	
Checking	\$	Credit Card Debt	\$
Savings	\$	Loans	\$
Real Estate	\$	Unpaid Bills (Specify)	\$
Stocks and Bonds	\$	Mortgage	\$
Retirement Funds	\$	Other	\$
Automobile	\$	Other	\$
Personal Property	\$	Other	\$
Other	\$	Other	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
Gross Monthly Income	\$		
Minus Monthly Expenses	\$		
Income Less Expenditures	\$		

NEW CLIENT INFORMATION

Date: _____

Have you been to Jewish Family Service before? _____ Yes _____ No If Yes, which program _____

Legal Name: _____

Preferred Name: _____ Preferred Pronoun: _____

Religion: _____ Gender : _____ Race/Ethnicity: _____

Email Address: _____

Relationship Status: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(H): _____ Phone(C): _____

Please check one: Employed Unemployed Retired Disabled Other: _____ Occupation/School: _____

Name of Employer: _____

Referred By: _____

In case of emergency, who should be notified?

Name: _____ Relationship: _____

Address: _____

Phone(H): _____ Phone(W): _____ Cell Phone: _____

I authorize _____ to contact the individual named above in the event of an emergency.
Therapist/case manager

Client signature

Date

Please mark below your total household income:

Under \$10,000 \$10,000 to \$24,999 \$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 and Above

Composition of Family Household

Please list other household members:

Name	Relationship	Date of Birth	Religion	Sex	Race



Jewish Family Service of Greater New Orleans

Upon entering counseling, people often have many questions. Please read through the following policies. Your counselor or case manager is available to discuss any questions or concerns you may have about our procedures.

Staff and Credentials

Rachel Lazarus Eriksen, LCSW-BACS, Director of Clinical Services
Michelle Beard, LCSW, MBA Intern Program Supervisor
Stephanie Crowder, LPC, LMFT
Fran Dinehart, LCSW
Camila Sobral

Andrew Prejean, LSU Social Work Intern
Colin Foret, UNO Counseling Intern
Langley Laporte, UNO Counseling Intern
Virginia Williams, Tulane Social Work Intern

Contact

Our phones are answered Monday - Thursday 9 to 5, and Friday 9 to 4. You may leave a confidential message on your therapist/case manager's voicemail at any time. If you would like to leave a message after office hours, call the main office number and the menu will guide you to your therapist's voicemail. If you do not hear back from your therapist the next day, please call again—it is possible for a message to get lost in voicemail. Messages are usually not retrieved on nights, holidays, or weekends, so please discuss emergency procedures with your therapist. Each member of the JFS staff also has a direct email address. All messages are returned as promptly as possible. For after-hours emergencies, please call 211, 911, or go to your local emergency room.

Office Hours and Appointments

Our office is open Monday - Thursday, 9 to 6, and Friday 9 to 4. All therapy and case management sessions are by appointment only. Your appointment is time set aside just for you. If you are late, your appointment will still finish at the set time. However, if your therapist is late, you will receive your full time, or we will arrange to make it up at another time. Individual, couple, and family sessions are all 50 minutes unless otherwise arranged in advance.

Minors

We ask that parents/guardians remain in the waiting room for the entirety of your child's session. No child under the age of 18 is to be left unaccompanied in the JFS waiting room at any time. For minor clients, both parents/guardians must consent to therapy unless a divorce decree stating consent from the non-custodial parent is presented.

Cancelling and Rescheduling

Your session time is reserved for you. If for some reason you must cancel an appointment, as much advance notice as possible is appreciated. You will be charged for any appointment cancelled less than 24 hours in advance. If the appointment can be rescheduled, there will still be a charge for the missed appointment if 24 hours' notice was not given. Insurance will not pay for missed appointments; therefore, it will be your responsibility to pay the full fee.

Payment

In order to maximize your therapy time, please have your checks made out prior to your session. Checks should be made out to Jewish Family Service. All checks returned as NSF will be assigned an additional \$10 fee. We also accept cash payments, Visa, and MasterCard.

Confidentiality

No information about the content of your sessions will be communicated to anyone without your written authorization (insurance forms require your signature and release of information, which is a possible waiver of your confidentiality). The only exceptions to this are cases of child abuse, elder abuse, suicidal, homicidal, or life-threatening emergencies, or when otherwise required by law. Remember that once insurance or third party payments are involved (HMO's, PPO's, Managed Health Care, Insurance) your signature waives your rights to confidentiality, although your therapist still attempts to honor your confidences by sharing the fewest details possible and only when required. There is a legal exception to your rights of confidentiality in certain cases when you file a lawsuit. Please speak further with your therapist about this clarification.

Consultation

While anonymity is always maintained, all therapists may process cases with their licensed supervisors, the Director of Clinical Services, and agency staff. Please know that this consultation and discussion happens in an attempt to offer the best possible treatment. Your name will never be disclosed in these consultations. Should you have any questions about this process, please consult your therapist.

Termination

Experience shows that people often terminate counseling in a manner similar to how they terminate other relationships. We believe it is essential that if you make a decision to stop counseling, you do this directly with your therapist rather than by phone or letter. In order for clients to feel positive about themselves as well as their treatment, this agreement is vital.

If you have any questions, concerns or complaints that you cannot resolve with your therapist, please call the Executive Director, Roselle Ungar. We want your experience with our agency to be helpful and rewarding. I have read the policies and agree to abide by them.

Client Name: _____ Client's Signature: _____

Therapist/Case Manager's Signature: _____ Date: _____

For Minors:

Client Name _____

(1) Parent/Guardian Name _____ Parent/Guardian Signature _____

(2) Parent/Guardian Name _____ Parent/Guardian Signature _____