



Family Support Grant
Hardship Form

Name of Client: _____ Client DOB: _____

Current Income: _____

Previous Hardship Requests: []Yes []No History: _____

Hardship Start Date: _____ Expiration Date: _____

Eligibility Requirements for FSG Program:

"Families with annual adjusted gross incomes of \$100,008 or greater are not eligible for either grant program except in cases where extreme hardship is demonstrated. A family may request an exception to this eligibility criteria by providing information to the County, which indicates that such a limitation would cause them extreme hardship status, the County will consider such factors as family size, presence of disability in other family members, and substantial family debt due to the child's disability."

- 1. State your family size:
2. Other family members with disabilities that live in the home: []Yes []No
If yes, what are the disability conditions?
3. Please indicate why the income limitation would cause your family hardship or why you feel this circumstance warrants a hardship exception (Include attachment if needed for more space)
4. Note any substantial family debt due to the child's disability:

(Please submit this document with all FSG application material)

For County Use Only:

Hardship []Approved []Denied

Hardship Start Date: _____ Hardship Expiration Date: _____

Supervisor Signature: _____

Comments: