



**Arkansas Department Of Human Services
Division of Children and Family Services
Application for Emergency Services**

I. Case Name: _____ **Case No:** _____ **County:** _____

II. Family Members:

No Family Member

First Name, MI, Last Name	Date of Birth	Relation	Sex	Race

First Name, MI, Last Name	Date of Birth	Relation	Sex	Race

I certify that to the best of my knowledge, the above information is true, correct and complete.

Name (Applicant or Family Service Worker on behalf of child)

Signature (Applicant or Family Service Worker on behalf of child)

Date

III. Eligibility Criteria - (Check all that apply):

- A. An emergency exists involving a child who is listed above because of abuse, neglect, or abandonment, the _____ need to remove a child from the child's home of imminent threat of these, or lack of a proper caretaker.
- B. The emergency did not arise because the child or a specified relative refused to accept employment or training without good cause.
- C. An emergency ICPC placement (Regulation 7) must be processed.
- D. There are insufficient resources immediately available to alleviate the emergency.
- E. The child has lived with a specified relative during a period of time within the last six months.
- F. Title IV-A EA/AFDC or Family Preservation Services have not been authorized under this program within the last 12 months.

IV. Eligibility Decision:

YES NO

Service Authorization Start Date _____

Employee Name _____

Employee Signature _____

Date _____