

**EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)  
 Hotel/Motel Assistance Clearance Form**

**Note:** Fill in this form completely. Incomplete forms will be returned. Fax form to: (951) 358-7755.

LRO INFORMATION		
LRO NAME:	LRO NUMBER:	SUBMISSION DATE:
LRO CONTACT:	PHONE #:	FAX #:

CLIENT/HOUSEHOLD INFORMATION (PLEASE PRINT)			
1. CLIENT NAME	Last	First	SSN #/Taxpayer ID: _____
			DOB: _____
2. CLIENT NAME	Last	First	SSN #/Taxpayer ID: _____
			DOB: _____
3. CLIENT NAME	Last	First	SSN #/Taxpayer ID: _____
			DOB: _____
4. CLIENT NAME	Last	First	SSN #/Taxpayer ID: _____
			DOB: _____

HOTEL/MOTEL INFORMATION			
HOTEL/MOTEL NAME:	HOTEL/MOTEL ADDRESS:	CITY:	ZIP CODE:
CHECK-IN DATE:	CHECK-OUT DATE:	RATE PER NIGHT:	TOTAL AMOUNT TO BE PAID:

EFSP HOTEL/MOTEL ASSISTANCE CLIENT CERTIFICATION/RELEASE OF INFORMATION (CLIENT INITIALS REQUIRED)	
_____ INITIAL	I certify that my household is presently experiencing an economic emergency and is need of EFSP hotel/motel assistance.
_____ INITIAL	I certify that the information I have provided is true and correct.
_____ INITIAL	I certify that I have not received EFSP hotel/motel assistance in the past twelve months and fully understand that EFSP hotel/motel assistance in Riverside County is limited to 30-days assistance every twelve months.
_____ INITIAL	I consent to the release of pertinent information to the EFSP Program will be reported to the EFSP National Board and/or the DHS/Office of the Inspector General for further action.
Any use of EFSP funds contrary to the law and guidelines governing the EFSP Program will be reported to the EFSP National Board and/or the DHS/Office of the Inspector General for further action.	
X _____ CLIENT SIGNATURE	_____ DATE

APPROVAL SECTION TO BE COMPLETED DPSS			
<input type="checkbox"/>	APPROVED	_____	_____
		DPSS APPROVAL SIGNATURE (1)	PRINT NAME
		_____	DATE
		DPSS APPROVAL SIGNATURE (2)	PRINT NAME
		_____	DATE
<input type="checkbox"/>	DENIED	Assisted on: _____	
<input type="checkbox"/>	INCOMPLETE	Please resubmit: _____	

RECORD MODIFICATION REQUEST			
<input type="checkbox"/>	Delete Record	Requested by: _____	Date: _____
<input type="checkbox"/>	Modify Record	Reason: _____	Amount: _____