Riverside County Department of Public Social Services
4060 County Circle Drive, Riverside, CA. 92503
Office (951) 358-5637 Fax (951) 358-7755

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:	EMAIL ADDRESS:	PHONE #:	FAX #:

CLIENT/HOUSEHOLD INFORMATION (PLEASE PRINT)
ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN MUST BE LISTED (USE ADDITIONAL PAGES IF NEEDED)

	Last	First	SSN #/Taxpayer ID:	DOB:	AGE:
1. CLIENT LEGAL NAME					
2. CLIENT LEGAL NAME					
3. CLIENT LEGAL NAME					
4. CLIENT LEGAL NAME					

HOTEL/MOTEL INFORMATION

HOTEL/MOTEL NAME:	HOTEL/MOTEL ADDRESS:	CITY:	ZIP CODE:

CHECK-IN DATE:	CHECK-OUT DATE:	RATE PER NIGHT:	# OF NIGHTS:	TOTAL AMOUNT TO BE PAID:

EFSP HOTEL/MOTEL ASSISTANCE CLIENT CERTIFICATION/RELEASE OF INFORMATION
(ALL ADULTS MUST INITIAL & SIGN)

INITIAL INITIAL INITIAL — I certify that my household is presently experiencing an economic emergency and is need of EFSP hotel/motel assistance.

INITIAL INITIAL INITIAL — I certify that the information I have provided is true and correct.

INITIAL INITIAL 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 INITIAL INITIAL — I consent to the release of pertinent information to the EFSP Local Board, EFSP Staff, and other Local Recipient Organizations.

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***

X _____ _____
CLIENT SIGNATURE ***DATE***

X _____ _____
CLIENT SIGNATURE ***DATE***

APPROVAL SECTION TO BE COMPLETED DPSS

☐ APPROVED

DPSS APPROVAL SIGNATURE (1) _____ PRINT NAME _____ DATE _____

DPSS APPROVAL SIGNATURE (2) _____ PRINT NAME _____ DATE _____

☐ DENIED Assisted on: _____

☐ INCOMPLETE Reason: _____

RECORD MODIFICATION REQUEST

☐ Delete Record Requested by: _____ Date: _____

☐ Modify Record Reason: _____ Amount: _____

COMMENTS: