HOMELESS GENERAL RELIEF EMERGENCY HOUSING/FOOD ASSISTANCE DECISION

PURPOSE OF THIS FORM: This form tells you about your offer for emergency relief. You have the option to accept all, part or none of this offer. Your decision will not affect your General Relief application.

<table>
<thead>
<tr>
<th>Applicant/Participant Name:</th>
<th>District Stamp</th>
</tr>
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<tbody>
<tr>
<td>Case Number:</td>
<td>ID: □ Yes □ NO</td>
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The Department of Public Social Services (DPSS) can provide:
1. Emergency Housing.
2. Emergency Food Aid.
3. Money for transportation to the DPSS office if either:
   o The emergency housing or the emergency food aid facility is more than 1 mile from your DPSS office; or
   o You cannot walk 1 mile.

Here are some things you need to know as you decide whether to accept this offer:
1. You can decide to accept or refuse this offer.
2. Your decision will not affect your General Relief (GR) or CalFresh applications.
3. If you accept emergency housing or food aid, WHETHER OR NOT YOU USE IT, you must pay back part of it.
4. If you do receive GR, your first check will be lowered by the amount you owe. The amount you owe will be:
   o For emergency housing:
     • 1 person: $4.53 per night.
     • 2 people: $7.70 per night.
   o For food aid (vouchers or cash) for 3 meals each day:
     • 1 person: $2.17 per day.
     • 2 people: $4.35 per day.
     • 3 people: $6.52 per day.
5. If you accept up to 90-day housing, you do not have to pay back $4.53 per night after your GR is approved.
6. If you accept any part of this offer, YOU RELEASE THE COUNTY OF LOS ANGELES from all liability to you, for any loss or damage. This includes, but is not limited to: injuries and damage to your things.

SECTION 1
EMERGENCY HOUSING
A. ☐ Emergency housing is available at: ______________________________ Name and Address of Facility
B. ☐ If this box is checked, emergency housing is not available in this DPSS office area. The housing is in another DPSS area.
C. ☐ I have been offered emergency housing and I understand it is my choice to accept or not accept it.
   ☐ _____ I ACCEPT ☐ _____ I DO NOT ACCEPT ____________________________
   Signature Date

SECTION 2
UP TO 90-DAY HOUSING (Only for applicants who are disabled or are less than 26 years old)
A. ☐ Extended stay housing is available at: ____________________________ Name and Address of Facility
B. ☐ If this box is checked, extended stay housing is not available in this DPSS office area. The housing is in another DPSS area.
C. ☐ I have been offered emergency housing and I understand it is my choice to accept or not accept it.
   ☐ _____ I ACCEPT ☐ _____ I DO NOT ACCEPT ____________________________
   Signature Date

SECTION 3
EMERGENCY FOOD AID
A. ☐ Emergency food aid is available at: ____________________________ Name and Address of Facility
B. ☐ I have been offered emergency food aid and I understand it is my choice to accept or not accept it.
   ☐ _____ I ACCEPT ☐ _____ I DO NOT ACCEPT ____________________________
   Signature Date
### SECTION 4  
**COUNTY USE ONLY**

**CHECK ALL THAT APPLY:**
- ☐ Applicant/participant has declared that he/she does not want emergency or 90-day housing and would not fill out/sign this form
- ☐ Applicant/participant has declared that he/she does not want emergency food assistance and would not fill out/sign this form
- ☐ Applicant/participant refused emergency or 90-day housing and chooses to remain homeless
- ☐ Emergency housing voucher was issued
- ☐ Extended stay housing voucher was issued
- ☐ Emergency food assistance was issued

_________________________  __________________________
District Staff Person’s Signature and Title  Date

Distribution: Original: File Folder Copy; Participant Retention: Permanent