

Williston v. Eggleston Individual Relief Form

To: Tara Crean / Leslie Annexstein  
Homelessness Outreach and Prevention Project, Urban Justice Center  
Fax: 212-533-4598  
Email: tcrean@urbanjustice.org or lannexstein@urbanjustice.org

From: Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_  
Date \_\_\_\_\_

Name of Client \_\_\_\_\_

Client address \_\_\_\_\_ Phone # \_\_\_\_\_

Food Stamp case number \_\_\_\_\_

Social Security # \_\_\_\_\_ EBT card # \_\_\_\_\_

How many people are in the household? \_\_\_\_\_

Names, ages and relationship to each other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sources and amounts of any household income \_\_\_\_\_  
\_\_\_\_\_

Does the client live with anyone not in the food stamp household? If not, explain. \_\_\_\_\_  
\_\_\_\_\_

Monthly rent \_\_\_\_\_ Type of Housing (e.g. private, NYCHA, Section 8) \_\_\_\_\_

Does your client pay separately for heating and cooling? [Y/N] \_\_\_\_\_

List Resources, if any \_\_\_\_\_

Non Cash Assistance (NCA) Food Stamp Center name/number \_\_\_\_\_

Date client applied for food stamps at an NCA Center \_\_\_\_\_

Has your client received any food stamps in conjunction with this application? [Y/N] If yes, when and how much? \_\_\_\_\_

Has your client received a written notice telling him/her that their food stamp application was either accepted or rejected by the agency? [Y/N] If so, please attach the notice.

Please check the situation that applies:

HRA failed to provide expedited food stamps within five calendar days of application.

HRA failed to provide "ongoing" food stamps within thirty calendar days of application.

Additional information:

---

---

---

Please complete this Form as thoroughly as possible to obtain prompt relief.