# HOMELESS GENERAL RELIEF EMERGENCY HOUSING/FOOD ASSISTANCE DECISION

| Applicant/Participant Name: | District Stamp |
|---|---|
| Case Number: | ID: ☐ Yes ☐ NO |

- As an eligible homeless General Relief applicant/participant, you are entitled to receive emergency housing, emergency food assistance and round trip transportation money to return to this district office if the emergency housing and/or food vendor is one mile or more from this district office or if you are unable to walk a mile.
- You may decide to accept or refuse the emergency housing and/or food assistance that is offered to you. You decision will not affect your General Relief or CalFresh applications.
- If you accept a housing voucher or food assistance **WHETHER OR NOT YOU USE IT**, you must pay back part of it by having part of the value deducted from your first check. The deductible rates are as follows:
  - For housing vouchers the amount is $4.35 (one person) or $7.70 (two persons) for each night.
  - For food assistance (vouchers or cash) the deductible rates per meal are $2.17 (one person), $4.35 (two persons) and $6.52 (three persons) for three meals daily.
- By signing this form, **I RELEASE THE COUNTY OF LOS ANGELES** from all liability to me, for any loss or damage, including but not limited to, personal injury or property damage, arising from my acceptance of emergency housing at the vendor facility named below.

## SECTION I — EMERGENCY HOUSING

**A.** ☐ I have been offered emergency housing and I understand it is my choice to accept or not accept it.

**B.** ☐ Emergency housing is available at: _____
***Name and Address of Facility***

**C.** ☐ Emergency housing is not available in this district office area at this time. The above facility is located in another District area.

**D.** ☐ **I ACCEPT** ☐ **I DO NOT ACCEPT** _____
***Applicant's Signature/Date***

## SECTION II — EMERGENCY FOOD ASSISTANCE

**A.** ☐ I have been offered emergency food assistance and I understand it is my choice to accept or not accept it.

**B.** ☐ Emergency food assistance is available at: _____
***Name and Address of Facility***

**C.** ☐ **I ACCEPT** ☐ **I DO NOT ACCEPT** _____
***Applicant's Signature/Date***

## SECTION III — COUNTY USE ONLY

**CHECK ALL THAT APPLY:**

☐ Applicant/participant has declared that he/she does not want emergency 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 housing and chooses to remain homeless.

☐ Emergency 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