Family Support Grant Hardship Form

Name of Client: Client Age:

Current Income: $

State History of Past Hardship Requests:

Hardship Start Date: Expiration Date:

Eligibility Requirements

"Families with an annual adjusted gross income of $130,807 (effective Jan. 1, 2025) per year or more are not eligible for the Family Support Grant Program, except in cases where extreme hardship is demonstrated. A family may request an exception to this eligibility criteria by providing information to the County, which indicates that such a limitation would cause them extreme hardship. In determining hardship status, the County will consider such factors as family size, presence of disability in other family members, and substantial family debt due to the child's disability."

1. State your family size:
2. Is there a presence of disability in other family members? ☐ Yes ☐ No
    a. If yes, what are the disability conditions?
3. Please indicate why the income limitation would cause your family extreme hardship or why you feel circumstances warrant a hardship exception. (May use back of form if needed.)
4. Note substantial family debt due to the child's disability:

For County Use Only:

Hardship Approved/Denied: ☐ Approved ☐ Denied

Hardship Start Date: Expiration Date:

Comments:

_____

Supervisor Signature Date

_____

Supervisor Signature Date