



Family Support Grant  
**Hardship Application**

Name of Person: \_\_\_\_\_ Person's DOB: \_\_\_\_\_

Current Income: \_\_\_\_\_

Previous Hardship Requests:  Yes  No History: \_\_\_\_\_

Hardship Start Date: \_\_\_\_\_ Hardship Expiration Date: \_\_\_\_\_

**Eligibility Requirements for FSG Program:**

*"Families with annual adjusted gross incomes of \$130,807 or greater are not eligible for either 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 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. Do other family members with disabilities live in the home?  Yes  No  
If yes, what are the disability conditions?
3. Please indicate why the income limitation would cause your family hardship or why you feel this circumstance warrants a hardship exception. *(Include attachment if more space is needed.)*
4. Note any substantial family debt due to the child's disability:

*(Please submit this document with all FSG application material.)*

**For County Use Only:**

Hardship:  Yes  No

Hardship Start Date: \_\_\_\_\_ Hardship Expiration Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Comments: