HMHB is here to help you...

Emergency Basic Needs Assistance Program

954-765-0550
www.hmhbbroward.org

Do you need temporary help to feed yourself & your family? Are you having trouble paying your rent this month?

Healthy Mothers, Healthy Babies Coalition of Broward County/ Emergency Basic Needs Assistance is a Low Income Temporary Assistance for Broward County Families who meet the eligibility income requirements for emergency food, one time partial rental assistance and vouchers for basic needs, such as bus passes, diapers or hygiene supplies.

Participants Documentation Requirements:

- Pregnant women, families with children ages 0-21, if still in school
- A valid Driver’s License/ID card or a Broward County utility bill
- Proof of Income (Unemployment, Cash Assistance, SSI, SSA, letter of support from employer, homeless shelter or person supporting the participant)

*Fulfillment of criteria must be met, or application will be postponed and may be declined.

Healthy Mothers, Healthy Babies Coalition of Broward is a 501(c)3 nonprofit organization whose mission is to reduce infant deaths by strengthening families through a comprehensive approach to prenatal care, parenting, education and support services.
For more information, please contact
Healthy Mothers, Healthy Babies of Broward
954-765-0550 Ext. 303
Fax 954-765-0587
www.hmhbbroward.org

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Referral Form

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Referring Agency: ________________________________
Agency’s Address: _____________________________________________
Agency’s Phone: ____________ Fax: __________________________

Referred by: ______________________________________ Title: _____________________________
Recipient’s Name: (First) __________________________ (Last) ___________________________ (MI) ______
Recipient’s Address: ______________________________________
City: __________________________ State: _______ Zip: _______________
Home Phone: ___________ Beeper/Cellular: __________________________

Pregnant: _____ Yes _____ No
Family/household Size: __________ How many dependents: __________
What ages are they?: __________, __________, __________, __________, __________, __________
Employed: Yes _____ No _____ Annual Family or Household Income: $ __________ (Proof required)

Service requesting: _____ Food _____ Bus Pass _____ Rental Assistance _____ Other Needs: __________

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