



Emergency Needs Supervisor Approval Form

Date _____

Please upload this form directly into Omni within the area that is marked Supervisor's Signature Page. A Supervisor's Approval Page must accompany each Emergency Needs Request.

I certify under penalty of perjury that any information provided, such as income and household statements made on the Omni submission are true to the best of my knowledge.

AGENCY NAME

CASE MANAGER SIGNATURE

DATE

PRINT NAME

I have been given authority to approve emergency needs referral submissions. On behalf of our department, I authorize the submission of this emergency needs request for the _____ family.

SUPERVISOR SIGNATURE

DATE

PRINT NAME