



289 Fair Street, Kingston, NY 12401
phone: 845-331-2140 • fax: 845-331-6217
www.rupco.org

Emergency Assistance Waiver

In order to comply with the regulations of the Emergency Assistance Program, all fund recipients are required to fill out an impact survey 2 to 3 months after receipt of funds.

This survey is highly necessary because this program is “evidence based” and if we do not provide proof of need, we will lose the funding. In that regard we need your cooperation in the filling out and sending back of the survey form which will be mailed to you shortly after you are approved for EAP funding.

I, _____, the below signed, understand that acceptance of funds offered by the Emergency Assistance Program requires me to fill out a survey 60-90 days following my receipt of EAP funding and sending it back to RUPCO

Signature

Date



RETURN TO: Kelsey Vargas, Director of Program Services
RUPCO, 289 Fair Street, Kingston, NY 12401
(845) 331-2140 • fax (845) 331-6217 **Attn: Kelsey Vargas**
e-mail: kvargas@rupco.org