

Davidson County Community Action, Inc.

911 S. Talbert Blvd., P.O. Box 389, Lexington, NC 27293-0389 (336) 249-0234 (voice) 336- 249-2078 (fax)
www.davidsoncommunityaction.com

APPLICATION FOR THE ECONOMIC SELF-SUFFICIENCY INITIATIVE

Thank you for your interest in our services.

Through the federal Community Service Block Grant, administered state-wide by the NC Office of Economic Opportunity, we are able to offer low-income people who live in Davidson County a way to become economically self-sufficient. If you qualify and enroll in this initiative, you will work with a counselor who will help you to set and achieve your goals in employment, education, housing, and more. We can assist you with referrals, help you to budget your money, effectively plan and save for the future, and be an advocate for you each step of the way.

Please read the instructions for completing this Application and fill it out accurately. This will help us to serve you and your family quickly and effectively.

APPLICATION INSTRUCTIONS

Read the entire Application thoroughly before completing and submitting.

The PDF version of this application can be filled out online. Please mark the checkboxes or fill in all information for which we ask. Save the filled-out application on your computer, and e-mail the completed form to: dcca@dccainc.org we will contact you for a follow-up appointment in our office if it appears that you may qualify for the Economic Self-sufficiency Initiative.

Incomplete Applications will not be accepted for review or assistance.

Part 1 of this document is for Applicant Information. Please provide up-to-date personal information. We need to know if you or anyone in your household has received services from us in the past, how you heard about us, which agency referred you to us, and what types of help you may need now.

Part 2 of the document is for Household Information. We have to collect this information in order to determine your eligibility. Please use care to place the required information in the spaces provided for everyone in your household. Please note that ethnicity and race characteristics are collected for statistical purposes only, and are not criteria used to determine eligibility.

Part 3 of this document is a monthly household budget for expenses. We have to collect this information to help you meet your goals if you are determined to be eligible. Please accurately estimate your current monthly expenses in the spaces provided, with as much detail as possible.

Part 4 of this document is your certification that the information in this Application is true. It also has a waiver so that we may collect more information about you. You must sign this in order for us to determine your eligibility.

Please let us know if you need assistance with this Application or do not understand something—we will be glad to help you.

Program Eligibility, Denial, and Appeal Policy and Procedure

We use the information that you provide in the Application, along with any further documents requested from you, or any future appointments with us, to determine your eligibility for this program. Your application may be denied for the following reasons:

- Your family income did not meet eligibility guidelines mandated by law: your family income exceeds the limits set by law or regulation.
- You did not provide sufficient information or documentation in order for us to determine your eligibility.
- You did not complete the Application, or keep your follow-up appointment(s), or provide the documents we requested.
- You supplied fraudulent information, or intended to do so.
- You misrepresented your purpose for making application to this program.
- You have not been a resident of Davidson County for at least ninety (90) days, or did not supply documentation proving such residency.
- You (or another family member) were accepted in this program in the past twelve (12) months.
- We may not have funds to enroll you in the program, or we may not have funds to provide you services.

If your application is denied for one of the above reasons, we will inform you in writing, by letter to your mailing address listed in the application, no more than ten (10) days after we determine that you are ineligible for this program. The letter will list the reason(s) for the denial. You will have seven (7) days from the date of the letter to inform us in writing of any information you believe will warrant favorable determination of eligibility.

If you are denied services, upon request, we will hold a hearing within seven (7) days of receiving your request, at which time you will be given the opportunity to present evidence as to why the denial should be over-ruled. We will notify you in writing, within seven (7) days of the hearing, of our decision as to whether or not you are eligible for services.

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Please print in ink

Date: _____

For office use only
Intake Number: _____

Personal Information:

Applicant Name

_____ *First* _____ *Middle* _____ *Last* _____ *Jr/St/etc*

Mailing Address

Physical Address

Same as Mailing: _____

Phone Numbers:

Home _____

Cell _____

Work _____

Message _____

Other _____

E-mail Addresses:

Do you have routine access to the internet? (circle one):

Yes _____ No _____

Reason for Applying:

Tell us why you are applying for this program:

Previous Service Information

Has anyone from this household ever received assistance from Davidson County Community Action? (Circle One):

Yes _____ No _____

If so, when and what type of assistance was given?

Who referred you to us?

- Family
- Friend
- Internet website
- Phone Book
- Radio
- Television
- Newspaper
- Other Agency (Which one?):

Which of the following do you need help with right now? (Check all that apply)

Note: DCCA may not provide all of these services, but this information may help us to provide you with appropriate referrals.

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse Intervention | <input type="checkbox"/> Home Rehab | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Addiction help | <input type="checkbox"/> Job Search Help | <input type="checkbox"/> Tax Filing Help |
| <input type="checkbox"/> Budgeting money | <input type="checkbox"/> Legal Problems | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Credit Counseling | <input type="checkbox"/> Literacy/GED prep | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Managing Money | <input type="checkbox"/> Weatherize Home |
| <input type="checkbox"/> Child Health Needs | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Mortgage Payment | |
| <input type="checkbox"/> Food | <input type="checkbox"/> Parenting Skills | |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Rent | |
| <input type="checkbox"/> Home Buyer Help | <input type="checkbox"/> Senior Health | |

| Household Members (please complete for everyone in your household including yourself) | | | | | | | |
|--|---------------|-----|-----------------|--|---------------------|---|---|
| Name (First, Middle Initial, Last) <i>Note: Applicant's Information should be listed on the first line, as the "Head of Household."</i> | Date of Birth | Age | Gender M / F | Education Level of Adults: (Indicate by Letter) A. Grade 0-8 B. 9-12/non-graduate C. High school grad/GED D. 12+ some college E. 2 or 4 yr. college grad F. Post grad <i>Note: Children should be listed as "N/A"</i> | Relationship to you | Race/Ethnicity (Indicate by Letter) A. White B. Black African American C. American Indian/Alaska Native D. Asian E. Native Hawaiian/Other Pacific Islander F. Hispanic/Latino G. Multi-race: (2 or more of the above) | Characteristics (Circle all that apply) 1. Disabled 2. Has Health Insurance 3. Veteran |
| | | | | | Head | | 1. yes 2. yes 3. yes |
| | | | | | | | 1. yes 2. yes 3. yes |
| | | | | | | | 1. yes 2. yes 3. yes |
| | | | | | | | 1. yes 2. yes 3. yes |
| | | | | | | | 1. yes 2. yes 3. yes |
| | | | | | | | 1. yes 2. yes 3. yes |
| | | | | | | | 1. yes 2. yes 3. yes |
| | | | | | | | 1. yes 2. yes 3. yes |
| | | | | | | | 1. yes 2. yes 3. yes |
| Household Income: | | | | Housing: | | Benefits: | |
| (Circle "yes" or "no" for each question) | | | | (Circle Most Appropriate Letter) | | (Answer for each question) | |
| A. Does anyone have income from a job? | | yes | no | A. Own | | A. Does your family receive SNAP (Food Stamps)? | |
| B. Does anyone have income from Disability? | | yes | no | B. Rent | | yes no | |
| C. Does anyone have income from Social Security? | | yes | no | C. Homeless | | SNAP benefit per month: \$ _____ | |
| D. Does anyone have income from Work First? | | yes | no | D. Other (please explain): | | B Does anyone in your family receive Medicaid? | |
| E. Does anyone have income from Child Support? | | yes | no | | | yes no | |
| F. Does anyone have income from Workers Comp? | | yes | no | | | Person(s) on Medicaid: | |
| G. Does anyone have income from a pension? | | yes | no | | | | |

| Housing | | Please List Your Monthly Expenses | Education | |
|---------------------------------|---------------------|--|----------------------------------|---------------------|
| Category | Monthly Cost | | Category | Monthly Cost |
| Telephone/Cell Phone/Pager | \$ | | Tuition/Loans | \$ |
| Heating Oil/Gas/Wood | \$ | | School Books/Supplies | \$ |
| Homeowner/Renter's Insurance | \$ | | Total: | \$ |
| Home Upkeep/Lawn Care | \$ | | Clothing | |
| Rent/Mortgage | \$ | | Category | Monthly Cost |
| Property Taxes | \$ | | Purchases | \$ |
| Electricity | \$ | | Laundry/Dry Cleaning | \$ |
| Water Bills | \$ | | Total: | \$ |
| Total: | \$ | | Entertainment | |
| Food | | | Category | Monthly Cost |
| Category | Monthly Cost | | Cable TV/Satellite | \$ |
| Eating Out | \$ | | Vacations/Weekend Travel | \$ |
| Lunches at School | \$ | | Magazines/Newspapers/Books | \$ |
| Household Supplies | \$ | | Movies/Videos/Rentals/Music | \$ |
| Groceries | \$ | | Sports/Gym Fees/Hobbies | \$ |
| Meat | \$ | | Total: | \$ |
| Work (Lunch/Snacks/Coffee) | \$ | | Miscellaneous | |
| Total: | \$ | | Category | Monthly Cost |
| Transportation | | | Gifts (holidays/Birthdays) | \$ |
| Category | Monthly Cost | | Other (Toiletries, etc) | \$ |
| Gas for all vehicles | \$ | | Contributions (Church/Charities) | \$ |
| Maintenance (Tires/Oil/Repairs) | \$ | | Pet Care | \$ |
| Auto Insurance/Taxes | \$ | | Life Insurance | \$ |
| Car Payment | \$ | | Alcohol | \$ |
| Bus/Carpool/Parking | \$ | | Beauty Shop/Barber Shop | \$ |
| Total: | \$ | | Tobacco | \$ |
| Medical | | Total: | \$ | |
| Category | Monthly Cost | Business Expenses | | |
| Eye Care/Dental Care | \$ | Category | Monthly Cost | |
| Doctor Visits | \$ | Recurring Costs | \$ | |
| Health Insurance | \$ | One Time Cost | \$ | |
| Prescriptions | \$ | Total: | \$ | |
| Total: | \$ | Financial Expenses | | |
| Child Care | | Category | Monthly Cost | |
| Category | Monthly Cost | Saving | \$ | |
| Child Support/Alimony | \$ | Debt Payment | \$ | |
| Childcare Center/Sitter | \$ | Banking Fees/Postage | \$ | |
| Total: | \$ | Total: | \$ | |
| Total This Column: | \$ | Total this Column: | \$ | |
| | | GRAND TOTAL (Both Columns) | \$ | |

Certification and Waiver of Privacy Rights

I certify to the best of my knowledge that the total annual income for my family is \$ _____.

I further certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification, and I may have to provide documents to support it. I am aware that I may be denied assistance if I am found ineligible or if I do not meet program requirements. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I have been notified of my right to appeal any denial of service or assistance for which I may be eligible. I hereby grant permission and authorize any employer, utility company, fuel company, Veteran's Administration, local Department of Social Services, Social Security Administration, and other public and/or private institution to share information regarding my past and/or present financial situation in order to determine whether or not I am eligible for services. I allow release of confidential information contained herein for purposes of verification. I understand that any personal information I provide will be held in confidence in order to protect my privacy.

10A NCAC97C.0107 (e) (2): "The grant recipient [DCCA] must make a reasonable number of spot checks of family units to verify income given in the self-declaration statements. In making the spot checks, the grant recipient should contact appropriate sources, such as employer, local Department of Social Services, Social Security Administration, or other appropriate sources to obtain written documentation. This documentation should be attached to self-declaration statement."

Applicant Signature _____ **Date** _____

Interviewer's Signature _____ **Date** _____

Case Manager Notes:

Office use only:

90 Day Look Back Date: _____

Multiple empty rows for case manager notes.