

# Human Services Assistance Application

Name: (First M. Last)		<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Gas (for home/apt) <input type="checkbox"/> Other _____		<b style="color: red;">STAFF USE ONLY:</b> <b style="color: red;">Location:</b> <input type="checkbox"/> Main (Loveland) <input type="checkbox"/> West Annex <input type="checkbox"/> Outreach <b style="color: red;">APPLICATION APPROVAL DATE:</b> <b style="color: red;">CASE MANAGER/STAFF:</b>
DOB/AGE:	SSN:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:				
City:	Florida County: Charlotte <span style="background-color: yellow;">FL-602</span>	ZIP Code:		
If less than 1 year, previous address:				
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Number of people in the household:	Phone:	<b style="color: red;">STAFF USE ONLY:</b> <b style="color: red;">APPLICATION APPROVAL DATE:</b> <b style="color: red;">CASE MANAGER/STAFF:</b>
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: _____ years				
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other				
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hisp/Latino		Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
Applicant's income type(s):			Applicant's monthly income amount:	
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				
Are you or any member of the household a Human Services employee or related to a Human Services employee? <input type="checkbox"/> Yes <input type="checkbox"/> No				

HH Member 2 Name:	DOB/AGE:	SSN:	Race:	Ethnicity:
Monthly income:      Gender:    M    F	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	School: K-12
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: _____ years				
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				

Is there domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you like a referral to C.A.R.E.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all household members U.S. citizens or aliens lawfully admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dwelling Type? <input type="checkbox"/> Mobile Home-Own <input type="checkbox"/> Mobile Home-Rent <input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Rent:( circle APARTMENT, MOBILE, PRIVATE HOME)			
Monthly Rent or Mortgage Payment: \$ _____		Utilities Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Does applicant live in government subsidized housing, such as Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No; Complex name: _____
Does applicant live in a dormitory, adult family care home, or any group living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			Facility name: _____
Have you or any member of your household received Neighborhood Services assistance in the last 13 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, type of Assistance: <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Housing <input type="checkbox"/> Income/Asset <input type="checkbox"/> Utilities <input type="checkbox"/> Home Improvement <input type="checkbox"/> Health/Behavioral			

The information provided on this application, is to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medically needy, or children reside. I authorize the agency to make benefit payments on my behalf.

Applicant Signature Verbal Agreement Name: \_\_\_\_\_ Date: \_\_\_\_\_ Co-Applicant Signature Verbal Name: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY:** Application is  Approved    Denied (Reason: \_\_\_\_\_)

Intake/Case Manager: I have determined the eligibility of the applicant. I am not the applicant, nor am I a friend, relative, or employee of the applicant.

Waived

CCHS Intake/Case Manager Signature	Printed Name of Intake/Case Manager	Date

Supervisor/Reviewer Signature: I have reviewed the application and eligibility determination for errors and appropriate file documentation prior to authorizing payment.

Waived

CCHS Supervisor/Reviewer Signature	Printed Name of Supervisor/Reviewer	Date

**ALL CLIENTS SHOULD SIGN THE FRAUD POLICY, AUTHORIZING THE RELEASE OF INFORMATION, CONFIDENTIAL OF SOCIAL SECURITY, AND PRIVACY POLICY FOR CSBG, TANF, HEARTSHIP, AND FHA BENEFITS**

## ADDITIONAL HOUSEHOLD MEMBERS WORKSHEET

HH Member 3 Name:	DOB/AGE:	SSN:	Race:	Ethnicity:
Monthly income:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: ___ years				School: K-12
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				

HH Member 4 Name:	DOB/AGE:	SSN:	Race:	Ethnicity:
Monthly income:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: ___ years				School: K-12
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				

HH Member 5 Name:	DOB/AGE:	SSN:	Race:	Ethnicity:
Monthly income:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: ___ years				School: K-12
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				

HH Member 6 Name:	DOB/AGE:	SSN:	Race:	Ethnicity:
Monthly income:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: ___ years				School: K-12
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				

HH Member 7 Name:	DOB/AGE:	SSN:	Race:	Ethnicity:
Monthly income:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: ___ years				School: K-12
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				

HH Member 8 Name:	DOB/AGE:	SSN:	Race:	Ethnicity:
Monthly income:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: ___ years				School: K-12
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				

HH Member 9 Name:	DOB/AGE:	SSN:	Race:	Ethnicity:
Monthly income:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: ___ years				School: K-12
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				

HH Member 10 Name:	DOB/AGE:	SSN:	Race:	Ethnicity:
Monthly income:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad: ___ years				School: K-12
Other assistance: <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Employer insurance <input type="checkbox"/> Other insurance <input type="checkbox"/> TANF <input type="checkbox"/> Child Support				

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Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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