

COMMUNITY SERVICES BLOCK GRANT (CSBG) PROGRAM

APPLICATION FOR ASSISTANCE



Central Delta Community Action Agency
Helping People Changing Lives.

EACH SECTION MUST BE COMPLETED

TODAYS DATE ___/___/___

WHAT DO YOU NEED ASSISTANCE WITH?

RENT UTILITY ASSISTANCE EMERGENCY FOOD EMPLOYMENT ASSISTANCE EMERGENCY SHELTER
TRANSPORTATION EDUCATIONAL ASSISTANCE OTHER

| | | | | | | | | |
|--|--|---|--|---|-------------------------------|-----|---|--|
| LAST NAME | | FIRST NAME | | MI | SEX | AGE | DATE OF BIRTH | |
| ADDRESS | | CITY | | ZIP CODE | COUNTY OF RESIDENCE | | PHONE NUMBER | |
| SOCIAL SECURITY NUMBER | | MARITAL STATUS SINGLE DIVORCED SEPARATED WIDOWED MARRIED | | | VETERAN? YES NO ACTIVE | | SNAP ARE YOU DISABLED? YES NO YES NO | |
| HEALTH INSURANCE? STATE CHILDREN STATE ADULT PRIVATE MEDICAID MEDICARE VA NONE | | | | EDUCATION LEVEL 0-8 th GRADE 9 th -12 th GRADE HIGH SCHOOL GRADUATE 12 th + SOME COLLEGE GED COLLEGE DEGREE 2 OR MORE YEARS | | | | |
| RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> SPANISH AMERICAN/HISPANIC <input type="checkbox"/> ORIENTAL, ASIAN or PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN | | | | | | | | |

OTHER MEMBERS OF YOUR HOUSEHOLD (Please list additional members on a separate sheet)

| NAME | RELATIONSHIP | DOB | AGE | RACE | SOCIAL SECURITY NUMBER | DISABLED? YES NO | |
|------|--------------|-----|-----|------|------------------------|-----------------------|--|
| | | | | | | | |
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INCOME - LIST THE INCOME OF ALL HOUSEHOLD MEMBERS (JOB, SSA, SSI, SSDI, TEA, ALIMONY, UNEMPLOYMENT BENEFITS, PUA Benefits, WORKER'S COMPENSATION, VA BENEFITS, HOUSING ASSISTANCE OR ANY OTHER NON-WORK INCOME)

| WHO IS EMPLOYED | GROSS AMOUNT | EMPLOYER/SSI/SSA/PUA, ETC | HOW OFTEN? | PLEASE INCLUDE COPIES OF YOUR PAY STUBS/ DOCUMENTATION OF NON-WORK INCOME |
|-----------------|--------------|---------------------------|------------|---|
| | | | | |
| | | | | |
| | | | | |

HOUSEHOLD TYPE - SINGLE PERSON SINGLE PARENT -FEMALE SINGLE PARENT -MALE TWO PARENT HOUSEHOLD TWO ADULTS - NO CHILDREN NON-RELATED ADULTS WITH CHILDREN MULTIGENERATIONAL HOUSEHOLD EXTENDED FAMILY

| | |
|--|---------------------------------------|
| Utility or Landlord Name _____ | Past Due Balance _____ |
| Account Number _____ | Is the account closed? _____ |
| Account Holder Name _____ | Does this person live with you? _____ |
| What is this person's relationship to you? _____ | |

CENTRAL DELTA COMMUNITY ACTION AGENCY RECEIVES FUNDING FROM VARIOUS AGENCIES. THESE AGENCIES REQUIRE THAT WE PROVIDE THEM WITH STATISTICAL INFORMATION ON OUR CUSTOMERS. YOUR ANSWERS TO THESE QUESTIONS WILL HELP US TO KEEP OUR FUNDING AND LOOK FOR ADDITIONAL WAYS TO HELP YOU. WE WILL RESPECT YOUR PRIVACY. YOUR PERSONAL IDENTIFICATION INFORMATION IS NOT RELEASED. WE ONLY REPORT NUMBERS OF CUSTOMERS SERVED AGES, INCOME LEVELS AND OTHER STATISTICAL DATA.

I UNDERSTAND THE FOLLOWING:

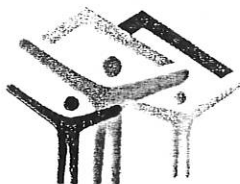
- DISCLOSURE OF THE ABOVE INFORMATION IS VOLUNTARY AND WILL BE USED ONLY FOR IDENTIFICATION AND ELIGIBILITY AND DETERMINATION PURPOSES
- THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL UNLESS ITS RELEASE IS AUTHORIZED BY ME IN WRITING.
- THE GENERAL STATISTICAL INFORMATION COMPILED WITH OTHER HOUSEHOLDS WILL BE USED TO CREATE REPORTS FOR FUNDING SOURCES
- THIS SIGNED FORM IS SUBJECT TO PENALTIES FOR PERJURY
- THIS SIGNED FORM MAY BE USED AS A RELEASE OF INFORMATION TO SECURE INFORMATION NEEDED TO DETERMINE MY ELIGIBILITY FOR SERVICES.

I CERTIFY THAT THE INCOME AND OTHER INFORMATION PROVIDED ON THIS FORM ARE CORRECT AT THE TIME OF THIS APPLICATION.

APPLICANT SIGNATURE _____

DATE _____

AGENCY EMPLOYEE SIGNATURE _____



Central Delta Community Action Agency
Helping People. Changing Lives.

200 Main Street, P.O. Box 506, Rison, AR 71665
(870)536-0046

AUTHORIZATION FOR ASSISTANCE
&
CSBG APPLICANT RIGHTS AND RESPONSIBILITIES

I understand that my signature on this application authorizes Central Delta Community Action Agency to make any investigation concerning me or any household member and/or use a copy as a release of information for securing information needed to determine my eligibility for services.

I understand that an application containing fraudulent information will be denied and I will be banned from the CSBG program for a one year period.

I understand that if I receive assistance to which I am not entitled as a result of withholding information or knowingly providing false or fraudulent information regarding my circumstances, I must repay the cost of any assistance and may face penalty of criminal prosecution.

I understand that I have the right to appeal any decision regarding this application which I consider improper, or any disagreement with the benefit amount.

Applicant signature

Date

M.B.D.

This is a true and correct copy of the original document as signed by the applicant.

Central Delta Community Action Agency, Rison, Arkansas 71665