

The following application **must be fully completed to receive assistance** from our Emergency Services Programs. Failure to complete the application and provide the necessary documents will result in delayed service. All Information must be correct and verifiable; any false information could be considered fraud and could lead to prosecution.

Required Documents: 1. Proof of All Household Income for ALL over the age of 17, 2. Photo ID, 3. Proof of payment(s) of \$100 made on account within the last 90 days (if needed), 4. A. **Utility Disconnect Notice** B. **Heating Fuel: Company Name, Phone #, Account Number** C. **Other Assistance: Proof of Need**

Emergency Services Assistance cannot pay for utility deposits, reconnections, accounts in someone’s name not in the household, or amounts under \$100 or not in danger of termination. Funds cannot be used to pay for cable/telephone service or medication. Other needs are reviewed on a case-by-case basis.

Applicant Applying Contact Information Cell Phone: _____ E-Mail: _____

First Name		Middle Name		Last Name		Suffix	Social Security #		Date of Birth	
M	F	Non-Hispanic	Not-Disabled	Yes	No	Medicaid	FT	PT	Yes	No
Sex	Race	Hispanic	Disabled	Veteran Status	Employer	Health Insurance Type	Unemployed	Employment Status	Citizen	Languages (other than English)
									Highest Education	Marital Status

Assistance Requesting

Type of Assistance Requested: _____ Service Status: Disconnected Threat of Termination Good Standings

Is the person listed on the bill a member of the household? _____ Your Relationship: _____ Do you live in the household? _____

Referred By: _____ Have you received assistance from our agency before? Yes No When: _____ Type: _____

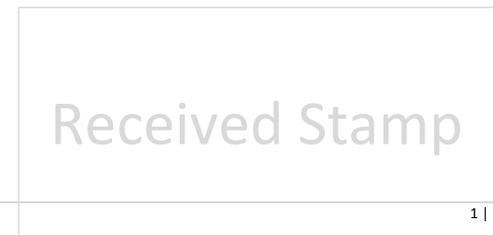
Have you received assistance from another agency? Yes No Type: _____ Agency/Contact: _____

Household Information

Housing Status: *Own, Rent, Homeless, Other Permanent, Other* Family Type: *Single, Single Female Parent, Single Male Parent, Mother and Father, Mother and Spouse/Partner, Father and Spouse/Partner, Foster Parents, Other* Home Phone--(Lane Line Only) _____ Number in Household _____

Physical Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____



Income Information

This Household has NO INCOME (verified)

Proof of All Household Income must be attached for at least 30 days.

Household Member	Income Source	Amount (Gross Income)	Household Member	Income Source	Amount (Gross Income)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Type of documentation accepted:

Pay Stubs: Must be for current previous 30 days, **Social Security:** Award letter or direct deposit statement, **Child Support/Alimony:** Court degree, receipt, or letter, **Food Stamps/TANF:** award/renewal letter from DSS, **Foster Care:** Documentation from foster care program, **W-2:** Previous Year, **Letter:** Self-Declaration of Income

Household Benefits

This Household reports NO BENEFITS

Benefit	Amount Monthly
SNAP	_____
Energy Assistance	_____

Benefit	Amount Monthly
WIC	_____
Child Care Subsidy	_____

Benefit	Amount Monthly
TANF	_____
HUD	_____

Benefit	Amount Monthly
WIOA	_____
Public Housing	_____

Other Additional Household Member NOT YOU

Cell Phone: _____ E-Mail: _____

First Name		Middle Name		Last Name		Suffix	Social Security #	Date of Birth		
M	F	Non-Hispanic	Not Disabled	Y	N	Medicare Employer	FT PT Unemployed	Y	N	
Sex	Race	Hispanic	Disabled	Veteran Status	Health Insurance Type	Employment Status	Citizen Status	Languages (other than English)	Highest Education	Marital Status

Other Additional Household Member NOT YOU

Cell Phone: _____ E-Mail: _____

First Name		Middle Name		Last Name		Suffix	Social Security #	Date of Birth		
M	F	Non-Hispanic	Not-Disabled	Y	N	Medicare Employer	FT PT Unemployed	Y	N	
Sex	Race	Hispanic	Disabled	Veteran Status	Health Insurance Type	Employment Status	Citizen Status	Languages (other than English)	Highest Education	Marital Status

Clinch Valley Community Action

Assistance Application

Emergency Services

Other Additional Household Member NOT YOU

Cell Phone: _____

E-Mail: _____

First Name		Middle Name			Last Name		Suffix	Social Security #	Date of Birth	
M F		Non-Hispanic	Not-Disabled	Y N	Medicare Medicaid Employer Insurance Type	FT PT Unemployed Employment Status	Y N Citizen Status	Languages (other than English)	Highest Education	Marital Status
Sex	Race	Hispanic	Disabled	Veteran Status						

Other Additional Household Member NOT YOU

Cell Phone: _____

E-Mail: _____

First Name		Middle Name			Last Name		Suffix	Social Security #	Date of Birth	
M F		Non-Hispanic	Not-Disabled	Y N	Medicare Medicaid Employer Insurance	FT PT Unemployed Employment Status	Y N Citizen Status	Languages (other than English)	Highest Education	Marital Status
Sex	Race	Hispanic	Disabled	Veteran						

Other Additional Household Member NOT YOU

Cell Phone: _____

E-Mail: _____

First Name		Middle Name			Last Name		Suffix	Social Security #	Date of Birth	
M F		Non-Hispanic	Not-Disabled	Y N	Medicare Medicaid Employer Insurance	FT PT Unemployed Employment Status	Y N Citizen Status	Languages (other than English)	Highest Education	Marital Status
Sex	Race	Hispanic	Disabled	Veteran						

Agreements

1. Applicants must supply a copy of their service notice, proof of household income, and benefits.
2. If an applicant does not have income, they must complete the No Income Declaration and provide a Benefit Letter from Social Services.
3. Income must cover at least 30 recent days.
4. CONFIDENTIALITY POLICY: Per the Policies and Procedures of Clinch Valley Community Action, all information obtained about children and families is confidential. Professional serving federal/state and/or internal review teams are allowed to review files in their capacity as monitors of federal/state funding. Other agencies or organizations must obtain written parent/ guardian consent to review information in a child/family file.
5. Failure to complete the application and provide the necessary documents will delay service.
6. All Information must be correct and verifiable; any false information could be considered fraud and could lead to prosecution.

By signing this document, I acknowledge that all information is accurate and correct. I understand that if any information is found incorrect and/or missing, it could result in denial of services or legal review. I understand that Information may be verified at any time, but not limited to the Department of Social Services, employers, school systems, and other organizations not specifically listed. I also understand that signing does not provide a guarantee that I will be eligible for services.

Applicant Signature: _____ Date: _____

Consent to Exchange

Applicant Name _____ Date of Birth _____ Social Security # _____

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I am allowing Clinch Valley Community Action to exchange certain information to work together effectively to provide or coordinate services or benefits. I want the following confidential information, listed below, but not limited to, to be exchanged:

- Assessment Information
- Financial Information
- Benefits/Services Received
- Employment Records
- Medical Diagnosis
- Mental Health Diagnosis
- Medical Records
- Psychological Records
- Educational Records
- Psychiatric Records
- Criminal/Justice Records
- Other: As needed

I want Clinch Valley Community Action to be able to exchange this information with other agencies. I want this information to be exchanged for eligibility determination and services. This consent is good for one year based on the service date.

I want **Clinch Valley Community Action, Inc., and designated agents** to exchange information with the Social Security Administration, the Department of Social Services, Child Support Enforcement, the State Employment Commission, and Law Enforcement Agencies. Additionally, the other agencies need to be able to exchange information: income, Services/Benefits, Health & Medical Professionals, and Caretakers regarding health status.

I want this information to be exchanged ONLY for the following purpose(s):

- Program Compliance
- Eligibility Determination

I want information to be shared: (Check all that apply.)

- Written Information
- In meetings or by phone
- Computerized Data

I want to share additional information received after this consent is signed: Yes No

I can withdraw this consent at any time by telling the referring agency in writing. This will stop them from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared and why, when, and with whom it was shared. If I ask, they will provide me with this information. I want the school system to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared, and I will have to contact Clinch Valley Community Action to give them the information about me that they need.

Certification: I certify that this information is true. If any part is false, my participation in this agency’s programs may be terminated, and I may be subject to legal action. I have read and understand the Clinch Valley Community Action Confidentiality Policy.

Applicant Signature: _____ Date: _____

Incomplete applications, missing documents, or missing signatures will delay assistance until the information is received. (Up to 30 days of initial request)

Crisis/Thrive Self-Sufficiency Scale Assessment

Please select only ONE option in each section that is closest to your household situation at time of application!

Crisis/Thrive Self-Sufficiency Scale Assessment

Name: _____ Date: _____

Please check only one in each section.

1. Food & Nutrition

- 10 Can shop at a store of choice and purchase any food items desired.
- 9 Can choose to shop at their store of choice, never reduces meal size or skips meals because of money, and sometimes has money to eat out.
- 8 Can meet all basic food needs (does not skip or reduce meals because of lack of money) without assistance, but no extras, and very little/no eating out.
- 7 Receives occasional food assistance (brown bag, commodities), not eligible for food stamps.
- 6 Receives partial food stamps or subsidies to meet basic food needs.
- 5 Eligible for partial food stamps or subsidies but not receiving them.
- 4 Without food stamps or other food subsidies, we would often not have enough food to eat.
- 3 Consistently unable to meet basic food needs; often didn't have enough food to eat in the past 3 months.
- 2 Has less than a day of food available and no money to purchase more.
- 1 Has less than a day of food and limited ability/means to prepare or cook food.

2. Housing

- 10 Household is in a safe, affordable home they own.
- 9 Household is in safe, affordable, unsubsidized rental housing of choice
- 8 Household is in safe, affordable, unsubsidized housing.
- 7 In stable housing (rent or own) that is not affordable (>40% of housing costs)
- 6 In stable subsidized housing
- 5 Receiving temporary rent/mortgage subsidy (or has received within the last 3 months)
- 4 Transitional housing OR staying with others OR foreclosure notice.
- 3 Legal threat of eviction (5-day notice, writ) or immediate foreclosure
- 2 In an emergency shelter or hotel
- 1 homeless

3. Childcare (all children in household – if childcare not available for one child or not affordable for even one of the children, then answer accordingly)

- 10 Safe quality care that includes early childhood education from a licensed facility is available and affordable (including Head Start, Early Head Start, Center-Based)
- 9 Safe, reliable care from family or friends, and satisfied with it.
- 8 Safe, affordable, unsubsidized childcare is available and satisfied with it.
- 7 Safe, affordable, unsubsidized childcare is available but not satisfied with it.
- 6 Subsidized, safe childcares (not including quality early childhood education like Head Start) are available and satisfied.
- 5 Subsidized, safe childcare is available but not satisfied with it.
- 4 Childcare is unreliable (unreliable family or friends)
- 3 Childcare available in an unlicensed facility
- 2 Childcare is available, but I cannot afford it.
- 1 Childcare not available for all children in the household

4. Transportation

- 10 Has enough reliable and affordable vehicles for a family
- 9 Has at least one reliable and affordable vehicle and backup transportation
- 8 No alternative transportation if the primary source is unavailable.
- 7 Vehicle is reliable, but older or unaffordable, and there is no alternative.
- 6 Has two (or more vehicles, but all vehicles are unreliable.
- 5 Has a single unreliable vehicle or vehicle(s) that needs minor repairs to run.
- 4 Has a vehicle but no insurance and/or no license.
- 3 Relies exclusively on transportation from friends or family.
- 2 Owns an inoperable vehicle and has no funds to fix it.
- 1 No means of transportation, and public transportation are not available when needed.

5. Financial Management

- 10 Always paying all current bills and debts and saving regularly.
- 9 Always paying all current bills and debts, NOT saving regularly.
- 8 Paying all current bills, paying off debts most months, saving regularly.
- 7 Paying all current bills, paying off debts most months and not saving.
- 6 Paying all current bills, following plan to pay off debts.
- 5 Paying current bills; paying minimum on debt.
- 4 Paying current bills; paying debt sporadically.
- 3 Paying all current bills, not paying past due debts.
- 2 Paying some bills, but late/not paying others.
- 1 Not able to pay bills or past due debts.

This Client Notice and Consent describes how information about you may be used and disclosed, and how you can access this information. Please review it carefully. If you have any questions or need any further information regarding this form, please contact your provider at Clinch Valley Community Action, Inc.

What information do we collect?

Information collected may consist of the following PPI (Protected Personal Information):

- Identifying Information (Name, birth date, gender, race, social security number, residential information, phone number, photograph likeness, etc., and same for each household member)
- Financial Information (employment status, income verification, public assistance payments and allowances, food stamp allotments, etc.)

How will my information be used?

The statistics we get from data collection allow us to provide the most effective services, track program success, and advocate for our clients. The information we collect also allows us to meet our legal requirements to state and federal agencies, as well as fulfill our accountability obligations to our funding sources.

What information is shared and why?

Aggregate de-identified statistics (this means group statistics where the names are not shown) will be shared to produce internal and funded reports.

How will my information be protected?

The information that is collected in the database will be protected by passwords, firewalls, virus protection, and the latest encryption technology. Access to the database is limited within the agency, and staff members must comply with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Each staff member who is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person who is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I UNDERSTAND THAT:

- Giving my information does not guarantee that I will receive assistance.
- I may request and receive a copy of all my information, unless it is used in potential litigation, contains information about another individual, or may endanger the life or the physical safety of any individual.
- I may request corrections or updates of my personal information at any time.

- Revocation of Consent for Data Collection form.
- If I revoke my authorization, all information about me already in the database will remain. I may refuse to answer any request for personal information, and my refusal will not be used to deny me services, unless that information is necessary to determine eligibility.
- My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Auditors or funders who have legal rights to review the work of this agency may see my information.
- Staff members who use database information to write reports may see my information.
- The information I give concerning my physical and/or mental health will not be shared in any way that identifies me.
- Staff at this agency who will see my information have signed agreements to maintain confidentiality regarding my information.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I hereby authorize CVCA to collect my information and enter it into their data system. I understand that this information is for the purpose of assessing my/our need for services. My authorization covers all household members listed on my intake.

Signature of Client or Guardian

Date

Signature of Agency Witness

Date

OPT OUT:

If you wish to opt out of having your information collected and entered into the data system, please sign “I do not consent”, your signature, and date. Please note if information is required to determine eligibility, then we may not be able to serve you if you opt out. **Otherwise, please leave this section blank.**

(write “I do not consent”)

Signature

Date

GRIEVANCE PROCESS:

If you have a complaint about our data collection and/or data collection policies and practices, please contact Robin Boyd at 276-988-5583.