



## APPLICATION FOR SERVICES (COVID-19)

### INSTRUCTION PAGE

#### Page 1

- 1) Check Yes or No if you have received services from CRDC.
- 2) Circle which program has provided you a service.
- 3) Fully complete from date through personal information.
- 4) Check household status, list the size of the household, and then include all household members in box provided.
- 5) Check yes or no if your household has been directly impacted by COVID-19.
- 6) If yes, select the ways your household has been impacted. Explain if other is selected.
- 7) Select rent or utility assistance.

#### Page 2

- 1) Check the type of income that the household receives (all that apply) and then write the amount received in the area beside it. If more than one amount is received in one area, you can combine and write the total. Check the frequency the income is received.
- 2) Monthly Gross Income Total—add the amount of monthly income (before any deductions) and list here.
- 3) Annual Income (monthly total times 12)—take the above amount and multiply by 12.
- 4) Check mark the documentation you are submitting with household to prove income.
- 5) Check the type of expenses that the household has (all that apply) and then write the amount spent in the area beside it. Please be as accurate as possible to the true monthly expense amount. You can refer to your bills or bank statement.
- 6) Total Monthly Expenses—Add up all amounts in the Household Monthly Expenses section and write on the line.
- 7) Total Income-Monthly Expenses—Take the Monthly Income from the Monthly Gross income line at the top of the page and subtract the total expenses. Write the amount on the line.

#### Page 3

- 1) Mark an X by any item in which you need assistance or in which you would like more information.

#### Page 4

Please read the statement and sign/date when you are ready to submit the application.  
Please make sure that all documentation needed is submitted with the application.

#### Documentation Needed (in addition to what has been requested on the application):

- 1) ID of the applicant
- 2) SS cards of all household members (not required but needed if feasible)
- 3) Documentation regarding emergency (eviction notice, utility bill, etc)



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Have you received assistance from CRDC prior to this application?  Yes  No

Received: CSBG LIHEAP Weatherization Housing ARchoices  
Substance Abuse Treatment CONNECT Assurance 16

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ No. of years at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Marital Status:** *(Place an X next to the appropriate situation)*

Single  Married  Divorced  Separated  Widowed

**Household Status:**

- Single  Single Parent-Female  Single Parent-Male
- Two adults-no children  Two-Parent Household
- Non-related adults with children  Multigenerational household
- Other

**Family/Household Size:** \_\_\_\_\_ *(include all household members)*

Name	Relationship to Applicant	Sex (M/F)	Age	Race	Birthdate	SSN
	Applicant					

Has your household been directly impacted by COVID-19?  Yes  No

**If yes, select the way(s) you have been impacted. If you choose other, please explain:**

- Job Lay-off  HH member Diagnosed with COVID-19  Not working due to having school aged children out of school
- Additional childcare costs due to school not being in session  Job closure as direct mandate by state government  Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Select the assistance that you are seeking?**

- Rental  Utility (electric, natural gas, propane, water, etc)



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FINANCIAL INFORMATION

- Frequency: Weekly, Bi-Weekly, Monthly, Other
Income sources: No Income, Social Security, VA, Employment, Unemployment, Utility Check, AFDC/TEAWorkpays, Odd Jobs, Other
Child Support, SSI, TANF, Pension, Self-Employment, Alimony, Contributions, Other

\*If household receives more than one income in the same section, please indicate combined totals above.

Monthly Gross Income Total:
Annual Income (monthly total times 12):

Documentation to Verify Income (included in case file)

- Award Letter, Pension Statement, VA Statement, Paystubs, Unemployment Printout, Child Support Statement, DHS Statement, Earnings Statement, Contribution Statement, Collateral Statement, Tax Return for self-employment, Utility Check Documentation

Household Monthly Expenses

- Rent/Mortgage, Home/Renters Insurance, Property Taxes, Gas Bill, Electric Bill, Water & Sewage Bill, Prescriptions, Cell Phone Bill, Furniture, Appliance, Electronics, Health Insurance, Entertainment, Pets, Other
Garbage Pick-up, Car Payment, Car Insurance, Auto-gas, maintenance, etc, Groceries, Personal items (non-food), Phone Bill (landline), Cable/Satellite/Other Bill, Credit Cards, Loan, Tithes/Donations, Children (Child Support, childcare, etc), Other

Total Monthly Expenses:
Total Income - Monthly Expenses:



**APPLICATION FOR SERVICES (COVID-19)**

Service or Information on Service Needed	Need	Action Date	Assistance Offered to Needs (referral, application, direct service, enrollment, etc)-FOR OFFICE USE ONLY	Success Date-FOR OFFICE USE ONLY
	<b>Emergency Services</b>			
	Shelter			
	Food			
	Clothing			
	Transportation			
	Rental Assistance			
	Utility Assistance			
	Domestic Violence			
	<b>Health Care Services</b>			
	AR Kids			
	Medicaid (SSI)			
	Medicare (SS)			
	Prescription Assistance			
	Hearing-testing/needs			
	Vision-testing/needs			
	Dental Care			
	Hospice/Respite Care			
	Disability-info/equipment			
	Mental Health Counseling			
	Support Groups			
	Immunizations			
	Wellness Check-ups			
	Screenings			
	Diabetes Care/Information			
	Nutritional Cooking/Shopping Skills			
	Prenatal Care			
	Post-Partum Care			
	<b>Education</b>			
	GED			
	Post-Secondary Institution			
	Vo-Tech Training			
	English (as 2nd language)			
	Applying for Educational Assistance			
	Information on Learning Disabilities			
	<b>Senior Citizen Services</b>			



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	Homebound Meals			
	Socialization			
	Senior Citizen Apartments			
	Hopsice/Respite Care			
	Medical Equipment			
	<b>Social Services</b>			
	Social Security			
	Supplemental Security Income			
	SNAP			
	WIC (Women, Infants & Children)			
	Child Support			
	Legal Aid			
	Substance Abuse			
	Medicaid Transportation			
	Child Care Assistance			
	Parenting Education/Support			
	Information on domestic violence			
	Information on disability benefits			
	Employment			
	Job Training Program			
	Employment Referral			
	Resume Building			
	Interview Skills Building			
	Career Coaching			
	Housing			
	CRDC Homes/Apartments			
	Homebuyer Counseling			
	Foreclosure Prevention			
	First-Time Home Buyer Information			
	Weatherization			
	Home Repair			
	HUD/Section 8			
	Locating housing			
	Energy Conservation			
	Personal & Household			
	Personal Care Items (Necessity Closet)			
	Budgeting Skills/Money Management			
	Transportation			
	Obtaining Birth Certificate			
	Obtaining Death Certification			
	Obtaining DL/State Issued ID			
	Information on Voter Registration			



CROWLEY'S RIDGE  
DEVELOPMENT COUNCIL

**APPLICATION FOR SERVICES (COVID-19)**

If you face another need not listed above, please use the space below to list that and explain the need:

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**APPLICATION FOR SERVICES (COVID-19)  
IMPORTANT NOTICES**

The client information collected with this application is confidential. The release of information is prohibited with respect to services provided when not directly connected to administration of the program, or Crowley's Ridge Development Council, Inc. Written consent must be obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian prior to the release of information contained in this application.

I/We certify that all information provided here in writing, and that which I may state is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility. I acknowledge that false, fictitious or fraudulent statements or representations to defraud the Crowley's Ridge Development Council of funds voids my application for assistance and is punishable to the maximum penalty allowed. I/We understand that it is the obligation of Crowley's Ridge Development Council to prosecute violations. I/We authorize Crowley's Ridge Development Council, Inc. to investigate the information I/we have given on my/our application for assistance, which may include contacting the Department of Human Services regarding my/our household size and/or the type of assistance I/we are currently receiving from the state.

I/We understand any emergency support cannot exceed 1 approved application per house/client per fiscal year up to \$300. I/We also under the CRDC Staff will assess what is determined as the necessary determination for support. I/We understand that by signing below I am/we are entering in agreement with Crowley's Ridge Development Council, Inc. and adhere to follow the requirements mentioned herein. If for any reason Crowley's Ridge Development Council, Inc. cannot proceed with this application to the emergency support, this agreement will be voided and no CSBG funds will be used.

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Case Manager**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Program Manager**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Auditor**

\_\_\_\_\_  
**Date**