



CLIENT ELIGIBILITY CHECKLIST (Homelessness Prevention activities)

Date	Applicant Name <i>Jane Doe</i>	Interviewed By <i>Your Name Here</i>	Referred By <i>Organization Name</i>
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INCOME VERIFICATION - Family/client current income _____ per _____.

How was it verified? _____

(YES) Supporting documentation is attached.

ELIGIBILITY - If funds are used to assist clients that have received eviction notices or notices of termination of *rent* and/or *utility* services, *all of the* following conditions must be met.

(YES) Supporting documentation is attached (i.e. Eviction Notice, Termination of Employment, Utilities, etc)

<input type="checkbox"/> Inability of the client/family to make the required payment .	<input type="checkbox"/> There is a reasonable prospect that the family will be able to resume payments within a reasonable period of time. Provide "TIMETABLE" below.
<input type="checkbox"/> Assistance is necessary to avoid eviction of the client/family or termination of services to the family.	<input type="checkbox"/> The assistance does not supplant funding for preexisting homeless prevention activities from any other sources.
<input type="checkbox"/> Client/family income is eighty percent (80%) or less Area Medium Income (AMI) to sixty	<input type="checkbox"/>

RESUME PAYMENT TIMETABLE/ REFERRALS / COUNSELING - In the section below provide a *reasonable* timetable in which the client will resume their monthly rent or utility payments or if the client is unable to resume payments within a 30-day period, please indicate what *counseling and other services will be* provided to assist the client in becoming self-sufficient.

OTHER COMMENTS

I, Jane Doe, do hereby certify that the answers I have given to the preceding questions are true and accurate.

<u>Jane Doe</u> Applicant Name (Print)	<u>Jane Doe</u> Signature	<u>6/26/2020 8:53AM EST</u> Date
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WORK FIRST EMERGENCY ASSISTANCE APPLICATION

County Name: Mecklenburg

Date of Application: _____

Applicant Name: Jane Doe

Address: 111 Main St. Telephone: (704) 123-4567

Charlotte NC 28202

Case/ Reference No.: _____ Worker's Name: _____

HOUSEHOLD: List all household members requesting Emergency Assistance:

(Non-applicant household members are not required to provide a social security number, immigrant /citizenship status)

Name	Date of Birth	Sex	Social Security No. (if included in application)	U.S. Citizen Or Qualified Immigrant	Relationship
<i>Jane A Doe Jr.</i>	<i>11/22/1999</i>	<i>Female</i>	<i>111-22-3333</i>		Self
<i>John G. Doe</i>	<i>12/31/1999</i>	<i>Male</i>	<i>222-33-4444</i>		<i>SPOUSE</i>

Does the household include a child who meets the Work First age requirement? Yes No

Is the child living with an adult who meets the Work First kinship requirement? Yes No

Has anyone listed on the EA Application ever received EA? Yes No If yes, when: _____

Does anyone live in the home that is not listed on the EA Application? Yes No

If yes, is the individual(s) a roomer/boarder? Yes No

Document the applicant's statement regarding individual(s) excluded from the EA Application:

Describe the emergency/crisis situation:

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, religion or age in the admission, treatment, or participation in its programs, services and activities, or in employment.

RESOURCES: List all resources owned by the individuals listed on the EA Application.

Name	Cash On Hand	Checking Account	Savings Account
<i>Jane Doe Jr.</i>	<i>\$250.00</i>	<i>\$250.00</i>	
<i>John Doe</i>		<i>\$300.00</i>	<i>\$500.00</i>
Sub-Totals	<i>\$250.00</i>	<i>\$550.00</i>	<i>\$500.00</i>

Total Resources (**Add sub-totals**) \$ *\$1,300.00* Resource eligible for EA? Yes No

INCOME: List below the gross earned and unearned income for each household member.

Name	Income Type	Source	Gross Monthly Amount
<i>Jane Doe Jr.</i>	<i>Earned</i>	<i>Wages from Employer</i>	<i>\$1,500.00</i>
<i>Jane Doe Jr.</i>	<i>Unearned</i>	<i>Child Support</i>	<i>\$180.00</i>
<i>John Doe</i>	<i>Unearned</i>	<i>Veteran's Benefits</i>	<i>\$1,100.00</i>
Total Countable Income			<i>\$2,780.00</i>

Income eligible Yes No **(Income limits 150% or 200% of Federal Poverty Limit)**

Disposition: Approved Withdrawn Denied

Reason denied: _____

ASSISTANCE PROVIDED*: List below the assistance provided through Work First EA.

***Limited to non-recurring, short-term benefits designed to deal with a specific episode of need.**

Paid To	Date Authorized	Check Amount	Purpose
Total EA		0	



Consent to Release Information



Please read, sign and date each section.

I. Crisis Assistance Ministry Consent to Release Information

To assist you, Crisis Assistance Ministry needs your consent to contact your landlord, mortgage holder, utility companies, other vendors, resource providers and household members for any reasonable purpose to resolve your emergency.

My signature below indicates that I request and authorize Crisis Assistance Ministry to contact appropriate individuals for the purpose of verifying information to determine my eligibility for available assistance, negotiating amounts required, committing funds and paying bills by check or electronic transfer. By my signature, I attest that the information I have provided and will provide is true and complete to the best of my knowledge. I understand that I am not required to give my consent; however, I understand that I will not receive assistance if I don't give it.

Jane Doe

(Signature)

6/26/2020 8:53AM EST

(Date)

II. Data Sharing Consent

When you apply for assistance at Crisis Assistance Ministry, we enter into our computer your name, address, landlord, the names of all household members, their birth dates, race, sex, and certain other information you may provide (collectively, your "personal information"). As part of its mission to provide assistance and advocacy to those in financial crisis, Crisis Assistance Ministry may participate in research and education programs intended to improve the development, delivery and quality of human services. In conjunction with such participation, Crisis Assistance Ministry may share your personal information with certain research organizations, including the University of North Carolina at Charlotte's Institute for Social Capital (collectively, "Researchers"), for research and education purposes only. Crisis Assistance Ministry requires Researchers to agree to strict confidentiality restrictions with regard to your personal information and to remove all personally identifiable information from their research. We need your written consent to share your personal information with these Researchers. Your personal information is not shared without your consent. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with Researchers.

Jane Doe

(Signature)

6/26/2020 8:53AM EST

(Date)

III. Mecklenburg County Department of Social Services Consent

Crisis Assistance Ministry administers financial assistance programs through a contract with the Mecklenburg County Department of Social Services (DSS). These programs are the Crisis Intervention Program (CIP), Emergency Assistance Program (EA), and the General Assistance Program (GA). One of the requirements to be eligible for these public funds is that we must have your written consent to release your information to DSS. Your personal information is not shared without your consent. I understand that I am not required to give my consent; however, I understand that I will not receive assistance from these funds if I don't give it. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with DSS.

Jane Doe

(Signature)

6/26/2020 8:53AM EST

(Date)

Witness Signature to Parts I II & III (If signature is an x)

(Date)