

**ROUTT COUNTY DEPARTMENT OF HUMAN SERVICES
Community Services Block Grant Application**

Applicant (last and first name) _____

Complete Mailing Address (include city & state, zip): _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Please list ALL members in your household (Beginning with yourself):

First and Last NAME	SSN	Birth date	Relationship to Applicant	Photo ID provided?

List ALL Household members who currently have income:

First Name	Source(s) of Income (Employer name & phone number)	Total Monthly Income (Before Taxes)	Verification?

Have you applied with Lift-UP? Yes No

What do you need paid with this grant: _____

How much money is required: _____

Will this assistance help you: Seek Employment? How? _____

Maintain Employment? How? _____

Remain independent? How? _____

How will you be able to meet your expenses next month and future months: _____

.....
I certify that the information supplied herein is true, accurate, and complete to best of my knowledge.

SIGNATURE: _____ **DATE:** _____

DEMOGRAPHIC INFORMATION: We are required to ask for this information so that we can show we are not denying this assistance to anyone based on any of the criteria below.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Age: <input type="checkbox"/> 18-23 <input type="checkbox"/> 24-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-69 <input type="checkbox"/> 70+	Family Size: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	
Your Race: <input type="checkbox"/> Black <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Not Hispanic, Latino or Spanish origin	Which best describes your family? <input type="checkbox"/> Single Parent – Female <input type="checkbox"/> Single Parent – Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Adult <input type="checkbox"/> Two Adults / No Children <input type="checkbox"/> Other
Your Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9/12 (Non-graduate) <input type="checkbox"/> High School Graduate / GED <input type="checkbox"/> 12+ (Some post-secondary) <input type="checkbox"/> 2 or 4 years (college graduate)	Source of Family Income (mark all that apply): <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Social Sec. <input type="checkbox"/> Pension <input type="checkbox"/> General Assistance <input type="checkbox"/> Unemployment Ins. <input type="checkbox"/> Employment + other source <input type="checkbox"/> Employment only <input type="checkbox"/> Other	
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Housing: <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other	

AGENCY USE ONLY

REFERRING AGENCY: _____ WORKER: _____

Please complete this checklist – if you cannot mark all four options, then client is not eligible.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> At 125% FPG or less | <input type="checkbox"/> Routt County resident for at least 3 months | <input type="checkbox"/> Unforeseen emergency | <input type="checkbox"/> Promotes self-sufficiency |
|--|--|---|--|

Which program area is this for: _____ **FPL% is** _____

Medical - Eligible expenses are: dental, vision, mental health and medical care including prescription costs (to remove barriers to initial or continuous employment). Have you applied for dental assistance through the dental coalition at Northwest Colorado Health?

Emergency Services: Eligible expenses are: rental and mortgage assistance, flood, car or homeowner insurance payments, vehicle repair (minor), automobile payments, home utility payments for natural gas, electricity, wood, propane, water/sewer only (trash, cable service and internet providers are **NOT** eligible for payment), gas vouchers, bus passes or tokens, licenses or documentation for employment, uniform and tools needed for the job and child care.

Notes from Tech/Caseworker:

Approved Denied TECHNICIAN/CASEWORKER SIGNATURE: _____

DATE: _____ DIRECTOR SIGNATURE: _____

AFFIDAVIT OF LEGAL RESIDENCY

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that:

(Please CHECK **ONE** below that correctly describes your status)-

_____ I am a United States citizen, or

_____ I am a Permanent Resident of the United States, or

_____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Name (please print)

Social Security Number (optional)

To allow us to process your CSBG application accurately and timely please provide the following items with your completed application:

- Valid Government issued photo ID
- SSN for all adults
- Bills being considered for payment
- Notice of Eviction if rental assistance is requested
- Income verification for last 30 days; including earned, unearned and/or self-employment profit and loss statement.

If the above items are not presented at the time of application it will delay the approval and may result in a denial of the application.