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| Yellowstone Country Assistance Network  Community Services Block Grants-In-Aid Application | | | | | | | | | | | | | | |
| Applicant: The person applying for services need to complete this form and submit a copy of their Social Security Card, copy of identification, copies of income for the past 30 days, and proof of residency (lease, utility bill). For all other household members please complete a copy of page 2 for each person. We cannot save incomplete applications in our system so please answer each question and return required documentation so you can process your application. | | | | | | | | | | | | | | |
| Applicant Name (First, Middle, and Last) | | | | | | **Relationship to Head of Household** | | | | | | **Date of Birth** | **Age** | **Gender**  ❑Male ❑Female |
| Social Security Number  (Attach copy of card) | | | **Driver’s License Number (ID#)**  **(Attach copy of card)** | **Phone Number:** | | | | | **Personal Email Address:** | | | | **Education Level**  **❑Grades 0-8 ❑Grades 9-12 (non-grad) ❑High School Grad/Equivalency** **❑12 grades + some post-secondary**  **❑2 to 4 years college degree❑Graduate of other post-secondary school** | |
| Disabling Condition  ❑Yes ❑No | **Ethnicity:**  ❑Not Hispanic, Latino  ❑ Hispanic, Latino | | **Race:** ❑White ❑American Indian or Alaskan Native ❑Black or African American ❑Native Hawaiian/Pacific Islander❑Other ❑Multi-race | | | | **Work Status** ❑Employed Full-Time ❑Employed Part-Time❑Migrant Seasonal Farm Worker ❑Retired  ❑Unemployed more than 6 months ❑Unemployed less than 6 months❑Unemployed out of labor force | | | | | | | |
| Not working not enrolled in school  ❑ Yes ❑No | | **Military Status**  ❑Active Military  ❑Veteran | **Health Insurance**  ❑None ❑Direct Purchase  ❑Military ❑Medicare ❑Medicaid ❑State Children  ❑Employment Based ❑Other | **How Long Have You Lived in Park County?** | **Household Size** | | **Marital Status:**  ❑Single ❑Married ❑Divorced ❑Widowed ❑Domestic Partner | | | **Housing**  ❑Own ❑Rent ❑Homeless  ❑Other permanent housing ❑Other ❑Homeless Youth  ❑ Student Housing on campus | | | **Family Type**  ❑Single Person ❑2 Adults, no children ❑Single Parent Female❑Single Parent Male ❑Two Parent Household ❑Other ❑Non-related adults with children ❑Multigenerational Household | |
| Physical Address | | | | | | | | **Mailing Address** | | | | | | |
| Occupation | | | | Employer Phone # | | | | | | | Average Hours per week | | | |
| Are you attending a secondary, vocational, technical or academic school? ❑Full-time ❑Part-time | | | | **If you are between terms, do you intend to return?** ❑ Yes ❑No | | | | | | | **What is your anticipated graduation date?** | | | |

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| Income for Applicant:  *Failure to provide proof of income will result in automatic denial of assistance as we are required to verify each household is at or below 125% of the FPL to be eligible for services.* | | | | | | | | | | | | | | | | |
| Applicant Income from Employment | | | Applicant Benefits | | | | | | | Applicant Other Income | | | | | | |
| Amount Paid | | $ | Affordable Care Act Subsidy | | $ | | Permanent Supportive Housing | | $ | Alimony | | $ | | Retirement Income/ Social Security | | $ |
| Hourly Wage | |  | Childcare Voucher | | $ | | Public Housing | | $ | Child Support | | $ | | SSI | | $ |
| How Often Paid | |  | LIEAP | | $ | | WIC | | $ | EITC | | $ | | SSDI | | $ |
| #Hours per week | |  | Housing Choice Voucher | | $ | | SNAP | | $ | Interest | | $ | | SSA | | $ |
|  | |  | HUD/VALSH | | $ | | POWER/TANF | | $ | Pension | | $ | | Unemployment | | $ |
|  | |  | Other | | $ | | Financial Aid | | $ | Private Disability | | $ | | Workers Compensation | | $ |
| Amount Paid Per Month | | **$** | **Amount Paid Per Month** | | **$** | | **Amount Paid Per Month** | | **$** | **Amount Paid Per Month** | | **$** | | **Amount Paid Per Month** | | **$** |
| Total of All Monthly Income from All Household Members from ALL Source for the past 30 days $ | | | | | | | | **for staff only** % of HHS Poverty Level \_\_\_\_\_\_\_\_% | | | | | | | | |
| Please indicate the type of Education Supports assistance you are requesting and the amount of the request. | | | | | | | | | | | | | | | | |
| ❑ Pre-Employment Physical or Immunization | $ | | | ❑Childcare Assistance  ❑Gas Voucher  To attend classes | | $ | | ❑Education Costs: exams, background check, tuition, books | | | $ | | ❑Rent Assistance  For Students Only | | $ | |
| I certify that the documentation provided and the facts contained in this application are accurate and true to the best of my knowledge and understand that falsified statements on this application or in the documentation provided could result in being denied CSBG-funded assistance in Wyoming. I have completed the application for myself and all household members and attached ALL required documentation for my application to be approved, I understand that failure to do so will result in the inability to process my application.  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |

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| Community Services Block Grants-In-Aid Application (Household Members) | | | | |
| Household Member Information: Compete this section for each additional household member when submitting be sure to include a copy of their Social Security Card, copies of all income sources for the past 30 days. If you are a single person you do not need to complete this form. | | | | |
| Name | **Birthdate** | **Social Security Number** | **Gender** ❑Male ❑Female | |
| Education Level  ❑Grades 0-8 ❑Grades 9-12 (non-graduate)  ❑High School Graduate Equivalency ❑12 grades + some post-secondary ❑2 to 4 years college degree  ❑Graduate of other post-secondary school | **Disabling Condition:**  ❑ Yes  ❑No | **Ethnicity:**  ❑Not Hispanic, Latino or Spanish origins  ❑ Hispanic, Latino or Spanish origins | **Race:**  ❑White ❑American Indian or Alaskan Native  ❑Black or African American ❑Native Hawaiian/Pacific Islander  ❑Other ❑Multi-race | |
| Work Status  ❑Employed Full-Time ❑Employed Part-Time  ❑Migrant Seasonal Farm Worker ❑Retired  ❑Unemployed more than 6 months ❑Unemployed less than 6 months❑Unemployed out of labor force | **Disconnected Youth**  not working not enrolled in school  ❑ Yes  ❑No | **Health Insurance**  ❑None ❑Direct Purchase  ❑Military ❑Medicare  ❑Medicaid ❑State Children  ❑Employment Based ❑Other | **Military Status**  ❑Active Military  ❑Veteran | **Relationship to Head of Household** |

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| Income for Household Member:  *Failure to provide proof of income will result in automatic denial of assistance as we are required to verify each household is at or below 125% of the FPL to be eligible for services.* | | | | | | | | | |
| Household Member Income from Employment | | Household Member Benefits | | | | Household Member Other Income | | | |
| Amount Paid | $ | Affordable Care Act Subsidy | $ | Permanent Supportive Housing | $ | Alimony | $ | Retirement Income/ Social Security | $ |
| Hourly Wage |  | Childcare Voucher | $ | Public Housing | $ | Child Support | $ | SSI | $ |
| How Often Paid |  | LIEAP | $ | WIC | $ | EITC | $ | SSDI | $ |
| #Hours per week |  | Housing Choice Voucher | $ | SNAP | $ | Interest | $ | SSA | $ |
|  |  | HUD/VALSH | $ | POWER/TANF | $ | Pension | $ | Unemployment | $ |
|  |  | Other | $ | Financial Aid | $ | Private Disability | $ | Workers Compensation | $ |
| Amount Paid Per Month | **$** | **Amount Paid Per Month** | **$** | **Amount Paid Per Month** | **$** | **Amount Paid Per Month** | **$** | **Amount Paid Per Month** | **$** |
| I certify that the documentation provided and the facts contained in this application are accurate and true to the best of my knowledge and understand that falsified statements on this application or in the documentation provided could result in being denied CSBG-funded assistance in Wyoming. (For household members age 18 or over must sign)  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |