



COMMUNITY SERVICE BLOCK GRANT ASSISTANCE PROGRAM

OFFICE USE ONLY

CASE#: _____
 VENDOR#: _____
 LOCATION: _____
 ELIGIBILITY: ☐ APPROVED
 ☐ DENIED
☐ EMPLOYMENT SUPPORT SERVICES
☐ EDUCATIONAL SUPPORT SERVICES
☐ OTHER: _____

Client Name:							
Last		First			Middle		
Social Security Number:					Date of Birth:		
Address							
Street Address						Apartment/Unit #	
City		State		Zip Code			
Home Telephone Number:		Cell Telephone Number:			Email Address:		
Gender	Marital Status		Race	Age	Highest Grade Completed		Total in Household
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower				<input type="checkbox"/> No Diploma <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Post-secondary Degree/certification		
Do you receive Food Stamps?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Section 8 or Subsidized Housing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive SSI or SSA Benefits?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Medical Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own your home?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what kind? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
Medically Disabled?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Registered Voter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently enrolled in secondary education or training program ?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?:					If yes, employer's name:		
Is your program completion date within the next six (6) months?			<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, what is the date?							

DEPENDENTS

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Gender	Disabled	Insurance	Highest Grade Completed
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	

ADDITIONAL DEPENDENTS

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Sex: M/F	Disabled	Insurance	Highest Grade Completed
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	

In order to complete **YOUR** application for Community Service Block Grant (CSBG) Supportive Services assistance you will need to bring in **copies** of the following documents listed below. **Please check off each document, as it relates to your household.** These documents **must be** received by the Agency when you apply for CSBG assistance. **If copies of the listed documents are not received then your application will be determined incomplete and cannot be processed**

CHECK	ITEMS NEEDED
	Social Security Cards for <u>ALL</u> persons in your household
	Designated Authorized Representative Form (Unable to apply for Rent services for self)
INCOME FOR ALL PERSONS IN YOUR HOUSEHOLD	
	<u>(4)</u> Most recent consecutive check stubs
	<u>2020</u> Social Security Income ALL PAGES OF YOUR AWARD LETTER
	<u>2020</u> Social Security Supplemental Income/SSI ALL PAGES OF YOUR AWARD LETTER
	Bank Statement can be used for SSA/SSI Income <u>ONLY</u> (Must be within 30 days of appt.)
	<u>2020</u> Pension/ Retirement (<u>GROSS</u>)
	<u>2020</u> Veteran's Benefits
	Current Unemployment Benefits Letter
	Separation Letter or Letter from employer on employer's letterhead
	Current Kinship Care (KCSP) Letter (Must be within 30 days of appt.)
	Current FITAP (formerly TANF) Letter (Must be within 30 days of appt.)
	Self-Employed must bring in most recent copy of tax return and all schedules. <u>WE DO NOT COPY FOR YOU</u>
	Current Workers Compensation Benefits
	Insurance or annuity payments/Dividends & interest statement
	Net rental income
	Royalties/ Net game winnings
	Periodic Receipts from estates or trusts
	Contributions (Contribution letter(s)) <u>MUST BE</u> picked up and completed before appointment and a <u>copy of the contributor's driver's license or identification card is needed at appointment time</u>
	Wage Verification Form
	Current Child Support (Must be within 30 days of appt.)
	Alimony
	18 yrs. old and older without income <u>MUST</u> complete a Zero Income Form
PROOF OF RESIDENCY	
	Current lease (ALL PAGES)
IDENTIFICATION	
	<u>CURRENT/VALID LOUISIANA</u> Driver's License/Identification Card or School ID for <u>ALL</u> persons in household 18 yrs. old and older

The Agency reserves the right to request additional documents or clarifying information for any reason deemed necessary. Thank you for your interest in the Community Service Block Grant (CSBG) Supportive Services Programs. Please remember that CSBG assistance is based on a first come; first serve until funds are depleted.



Client Disclosure Statement

You have applied for assistance through the Community Service Block Grant (CSBG) with Jefferson Community Action Programs CSBG Services. In order to determine your eligibility, qualifying information must be verified. After your eligibility is verified you will receive notification of your eligibility.

In addition to meeting mandatory CSBG Income Guidelines and proving Jefferson Parish residency, applicants must agree to follow-up services for 90 days. Households **MUST** meet ALL eligibility and submit required documentation to qualify for assistance.

This assistance is limited and may be available to all clients on a **first-come, first-served basis**. Assistance is dependent on available funding at the time of the individual's application.

I understand that the personal information furnished by me to process my CSBG application for assistance is confidential information. I understand that providing authorization to release information is not required for me to obtain services under CSBG and is strictly voluntary.

I authorize Jefferson Community Action Programs to release or disclose all or parts of the information in my client file to outside sources for the purposes of statistical research only.

By signing this form, I certify that I have read and understand the above Client Disclosure Statement and the terms of the assistance. I also certify that the information contained within the application is true and correct.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____