Union County Community Action, Inc. Community Services Application

Personal Information

Name:					Today's Date:		
Physical Address:			Mailing Address	s (if different):			
Email Address:			Home Phone: _				_
			Cell Phone:			Text: Y	/es No
Date of Birth:	Sex:		Hispanic/Latino	/Spanish Origir	ns: Pri	mary l	Language:
	Male	Female	Yes	_ No			
Race: African American White Hispanic Native Asian Native Hawaiian Multi-Race Other							
			School Enrollment Status:				
0-8 th Grade 9-12 th Grade High School Graduate GED Some College College/Tech School Graduate Post-Secondary School Graduate			Not Enrolled Part-Time Full-Time School Name:				
Work Status:					Disable	ed:	Health Insured:
If Employed: Full-Time Part-Time Migrant and/o If Unemployed: Six Months or Less More than Six Mo Note in Labor Force Retired			onths	Worker			Yes No
Marital Status: Single Married S	Separated			Veteran: Yes No _			e Military: No
Housing Status: Rent Own Other Permanent Housing Homeless Other							
Household Type: Single Parent Two Parent Single Person Two Adults (no children) Grandparent(s) Other							

Household Information

List the names of each person (related by birth, marriage, or adoption) living in your household.

Name	Relationship	Sex	Date of Birth

Income Information

Which of the following type days? (Select of that apply)	•	you or anyone in your household received in the past 90-
		Disability
Employment	Child Support	Disability
Self-Employment	Unemployment	Monetary Support from Friends/Family
Work First	Social Security	Other (please specify:
Food Stamps	Pension or Retirement	
Additional Information		
Which of the following prog	gram pathways are you interested i	n?
High School Equivalent	cy Pathway	
In-Demand Career Cer	tification Pathway <i>(Healthcare, We</i>	elding, Early Childhood Education, and more)
English as a Second La	nguage Pathway	
Which of the following supp	portive services do you or someone	e in your household need assistance with?
(Select all that apply)		
Education	Health/Nutrition	
Employment	Budgeting/Credit Repair	
Childcare	Community Referrals	
Transportation	Self-Esteem building	
Housing	Other (please specify:)
Do you have a child enrolle	d in the Head Start or Early Head St	tart Program? Yes No
How did you hear about Un	ion County Community Action?	
UCCA Staff/Board Mer	nber	
Community Partner Ag	gency	
Community Resource I	Fair	
Website/Social Media		
Other (please specify:)	

Please provide the following documents to a Community Services Staff member:

- Verification of Identity for all Household Members
 - Photo ID (for all adults)
 - o Birth Certificates (for all children)
 - o Social Security Cards (for all adults and children)
 - Copy of Marriage (if married with two different names)
- Verification of Income for all Household Members
 - Last pay stubs from each job held in the last 90-days
 - o Documentation of Work Frist benefits (including name, date and amount received)
 - o Documentation of SSI/SSA/VA benefits
 - o Documentation of Food Stamp benefits (EBT Card or Award Letter)

If you have any other questions, or concerns, please let us know below	r:
By submitting this application, you are acknowledging you	have read and agree to the following:
Certification of Informa	tion
I am aware that this information is subject to review and verification, a it. I am aware that I may be denied assistance if I am found ineligible or aware that I may be prosecuted if I have knowingly given false informa notified of my right to appeal any denial of service or assistance for who	r if I do not meet the program requirements. I am tion in order to receive assistance. I have been
Certification and Waiver of Privacy F	Rights Statement
I hereby grant permission and authorize any employer, utility company Department of Social Services, Social Security Administration, and any to share information regarding my past and/or present income verifica services. I allow the release of information contained herein for purposinformation I provide will be held in confidence in order to protect my	other applicable public and/or private institution ition in order to determine eligibility for CSBG ses of verification. I understand that any persona
Applicant Signature	Date
Community Services Staff Signature Date	Date

Thank you for completing this application – We will follow up with you soon!