

Union County Community Action, Inc. Community Services Application

Personal Information:

Name: _____		Today's Date: _____/_____/_____	
Physical Address: _____		Mailing Address (if different): _____	
Contact Information: Email Address: _____		Home Phone: _____ Cell Phone: _____ Text: Yes ___ No ___	
Date of Birth: _____/_____/_____	Gender: Male ___ Female ___ Other ___	Hispanic/Latino/Spanish Origins: Yes ___ No ___	Primary Language: _____
Race: African American ___ White ___ Hispanic Native ___ Native American ___ Asian ___ Native Hawaiian ___ Multi-Race ___ Other ___			
Education Status (highest level completed): 0-8 th grade ___ 9-12 th grade ___ High School Graduate ___ GED ___ Some College ___ College/Tech School Graduate ___ Post-Secondary School Graduate ___		School Enrollment Status: Not Enrolled ___ Part-Time ___ Full-Time ___ School Name (if enrolled): _____	
Work Status: If Employed: Full-Time ___ Part-Time ___ Migrant and/or Seasonal Farm Worker ___ If Unemployed: Six Months or Less ___ More than Six Months ___ Not in Labor Force ___ Retired ___			Disabled: Yes ___ No ___
Marital Status (if applicable): Single ___ Married ___ Separated ___ Divorced ___ Widowed ___			Health Insured: Yes ___ No ___
Veteran: Yes ___ No ___		Active Military: Yes ___ No ___	
Housing Status: Rent ___ Own ___ Other Permanent Housing ___ Homeless ___ Other ___			
Household Type: Single Parent ___ Two Parent ___ Single Person ___ Two Adults (no children) ___ Grandparent(s) ___ Guardian ___ Other ___			

Household Information:

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

Name	Relationship	Gender	Date of Birth

Income Information:

Which of the following types of income and/or benefits have you or anyone in your household received in the past 90-days? (Select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Monetary Support from Friends/Family |
| <input type="checkbox"/> Work First | <input type="checkbox"/> Social Security | <input type="checkbox"/> Other |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Pension or Retirement | (Please Explain: _____) |

Additional Information:

Which of the following Community Service programs are you interested in?

- PROPEL (Professional Readiness Opportunities for People Engaged in Learning)
 - Early Childhood Education Pathway
 - GED Pathway
 - English as a Second Language Pathway
- LIFT: A Community Action CARES Initiative

Which of the following supportive services do you or someone in your household need assistance with?
(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Health/Nutrition |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Budgeting/Credit Repair |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Community Referrals |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Self-Esteem Building |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other (Please Explain: _____) |

If applying for LIFT assistance, please briefly explain the emergency situation you and your family are currently experiencing:

Do you have a child enrolled in the Head Start or Early Head Start program? Yes _____ No _____

How were you referred to Union County Community Action?

- UCCA Staff/Board Member
- Community Partner Agency
- Community Resource Fair
- Website/Social Media
- Other (Please Explain: _____)

Please upload the following the documents now, or email to karis.manus@uccainc.org within the next 3-days:

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

If you have any other questions, or concerns, please let us know below:

By submitting this application, you are acknowledging you have read and agree to the following:

Certification of Information

I am aware that this information is subject to review and verification and I may have to provide documents to support it. I am aware that I may be denied assistance if I am found ineligible or if I do not meet the program requirements. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I have been notified of my right to appeal any denial of service or assistance for which I may be eligible.

Certification and Waiver of Privacy Rights Statement

I hereby grant permission and authorize any employer, utility company, fuel company, Veteran's Administration, Department of Social Services, Social Security Administration, and any other applicable public and/or private institution to share information regarding my past and/or present income verification in order to determine eligibility for CSBG services. I allow release of information contained herein for purposes of verification. I understand that any personal information I provide will be held in confidence in order to protect my privacy.

Applicant Signature

Date

Community Services Staff Signature

Date

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