**Welfare Reform Liaison Project, Inc.**

**Emergency Assistance Application**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(First Name) (Middle Initial) (Last Name & Suffix)**

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Street Address) (City) (State) (Zip Code)**

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Street Address) (City) (State) (Zip Code)**

**Primary Telephone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alternate Telephone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last 4 Digits of Social Security #** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Race/Ethnic Group** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family/Household Composition and Income**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  **(Applicant)** | **Relation to the Head of Household** | **DOB** | **Last 4 digits of Social Security #** | **Marital Status**  **(Married, Divorced, Single, N/A)** | **Gender** | **Education**  **(Last Grade Completed)** | **Income**  **(Monthly Income from ALL sources)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Emergency Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Telephone #** |
|  |  |  |  |
|  |  |  |  |

**Do you have any medical conditions that require a medical or emergency plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If yes, please explain your medical condition and share the medical and emergency plan*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please place a check in the box that best describes your current situation***

|  |  |  |
| --- | --- | --- |
| **Intake Assessment** | **Yes** | **No** |
| Have you ever participated in a WRLP training program? |  |  |
| Do you have a High School Diploma or a GED? |  |  |
| Do you have basic computer skills? |  |  |
| Can you pass a drug test? |  |  |
| Are you suicidal or homicidal today? |  |  |
| Have you been convicted of a felony within the last 7 years? |  |  |
| Are you employed? |  |  |
| Have you worked in the past 12 months? |  |  |
| Do you have transportation? |  |  |
| Are you a veteran? |  |  |
| Are you disabled? |  |  |
| Do you have health insurance? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplemental Questions** | **Yes** | **No** | **N/A** |
| Do you have children who live with you? |  |  |  |
| Do you receive a child care subsidy? |  |  |  |
| Does your child have health care insurance? |  |  |  |
| Does your child receive Medicaid? |  |  |  |
| Does your child receive child support? |  |  |  |
| Does your child receive SSI? |  |  |  |

***Please check the box that best describes your current situation***

**Family Type:**

Single Parent

**Housing Type:**

Please insert a check beside the housing type that best represents your current living arrangements -

Own Rent Public Housing Section 8 Living with family Homeless

**Welfare Reform Liaison Project, Inc. O.I.C. – C.A.A.**

**CSBG Intake Form**

Eligibility for emergency assistance is dependent upon the total gross income for you and your household members (relatives only). Please list the total amount grossed in your household within the past 90-days (**Do Not Include Non-relatives**).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income Source** | **1st Month** | **2nd Month** | **3rd Month** | **Total Amount Grossed in 90 days** |
| Employment |  |  |  |  |
| Unemployment Benefits |  |  |  |  |
| Social Security or SSI |  |  |  |  |
| Pension |  |  |  |  |
| TANF/Work First |  |  |  |  |
| Child Support |  |  |  |  |
| Food & Nutrition (Food Stamps) |  |  |  |  |

**90-day Total** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Name) (Street Address) (City, State, & Zip Code)**

**Employer** **2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Name) (Street Address) (City, State, & Zip Code)**

**Employer 3** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Name) (Street Address) (City, State, & Zip Code)**

**Statement of No Income -**

*My signature certifies that I do not have any income at this time, nor did I have income from any source within the past 90 days.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Applicant Signature) (Date)**

**Verification of Income -**

*As a WRLP employee, I certify that the applicant’s income was verified and that the applicant is:*

Eligible (Meets income guidelines) Not Eligible (Over Income Guidelines)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(WRLP Staff Member Signature) (Date)**

**Consent for Release of Confidential Information for Multiple Service Providers**

I hereby give my consent for information contained on my application to be released or discussed with other agencies in order to make an accurate determination of my eligibility if needed for their programs and or services. By this consent, I shall hold Welfare Reform Liaison Project, Inc. harmless for any liability that I may incur as a result of any disclosure made within the bounds of my consent and authorization.

I understand that my records are protected under **10A NCAC 97B.0302 CONFIDENTIALITY AND DISCLOSURE OF INFORMATION** and cannot be disclosed without my written consent unless otherwise provided for in the regulations. The only exception to this requirement is if disclosure is required by court order or for program monitoring by the Office, authorized federal, state, or local monitoring agencies. I understand that this **CONSENT** is voluntary, and can be withdrawn/revoked at any time except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows:

**One year from the date of Consent, unless otherwise specified**

(Specification of date, event, or condition upon which this consent expires, no later than one year from the date this release is signed.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Applicant Signature) (Date)**

**Certification and Waiver of Privacy Rights Statement**

I hereby grant permission and authorize any employer, utility company, fuel company, the Veteran’s Administration, the Social Security Administration, and any other applicable public or private institution to share information regarding my past and 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)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Staff Signature) (Date)**

***Please email the completed form to*** [***programmanager@wrlp.net***](mailto:programmanager@wrlp.net) ***.***