|  |  |  |
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| **Client Number** | **Agency** | **Application Date** |
|  |  |  |
| **Primary Applicant First Name** | **M.I.** | **Last Name** |
|  |  |  |
| **Social Security Number** | **Date of Birth** | **Gender** |
| \_ \_ \_ / \_ \_ / \_ \_ \_ \_ | \_ \_ / \_ \_ / \_ \_ \_ \_ |  Female Other Male |
|  **Household Information**  |
| **Household Size** | **Family Type** | **Building Type** |
|  |  Single Parent/Female Single Parent/Male Two-Parent Household Single Person Two Adults/No Children Non-related Adults with children Multigenerational Household Other |  Mobile Home Single Family Multi-family low rise (3 stories or less) Multi-family high rise (3 stories or more) |
| **Housing Status** |
|  Own Rent Other Permanent Housing Homeless Other |
| **Customer Address** |
| Current Service Address | Apartment/Lot/Unit Floor |
|  |  |
| Current Mailing Address (if different from above) | Apartment/Lot/Unit Floor |
|  |  |
| City | State | Zip Code | County |
|  |  |  |  |
| Phone Number | Email Address |
|  |  |
| Preferred method of contact |
|  **Primary Applicant Demographic Information**  |
| **Ethnicity** | **Race** | **Education** |
|  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins |  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific  Islander Other Unknown/Not-reported White |  Grade 0-8 Grades 9-12/Non-Graduate High School Grad/GED 12+ Some Post-Secondary Education 2 or 4 Year College Graduate Graduate or other post-secondary school |
| **Is Client Disabled?** | **Military Status** | **Is Client a US Citizen?** |
|  Yes No |  Veteran Active Military |  Yes No |
| **Work Status** | **Health Insurance Type** | **Non-Cash Benefits** |
|  Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6 months) Unemployed (not in labor force) Retired Unknown/not reported Youth ages 14-24 who are neither working nor in school |  Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children’s Health Insurance Program State Health Insurance for Adults |  Affordable Care Act Subsidy Childcare Voucher Housing Choice Voucher HUD-VASH Other Permanent Supportive Housing Public Housing SNAP WIC |

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| **Additional Household Members** |
| **First Name** | **M.I.** | **Last Name** |
|  |  |  |
| **Social Security Number** | **Date of Birth** | **Gender** |
| \_ \_ \_ / \_ \_ / \_ \_ \_ \_ | \_ \_ / \_ \_ / \_ \_ \_ \_ |  Female  Other Male |
| **Ethnicity** | **Race** | **Education** |
|  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins |  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White |  Grade 0-8 Grades 9-12/Non-Graduate High School Grad/GED 12+ Some Post-Secondary Education 2 or 4 Year College Graduate Grad or other post-secondary school |
| **Is Client Disabled?** | **Military Status** | **Is Client a US Citizen?** |
|  Yes No |  Veteran Active Military |  Yes No |
| **Work Status** | **Health Insurance Type** | **Non-Cash Benefits** |
|  Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6 months) Unemployed (not in labor force) Retired Unknown/not reported Youth ages 14-24 who are neither working nor in school |  Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children’s Health Insurance Program State Health Insurance for Adults |  Affordable Care Act Subsidy Childcare Voucher Housing Choice Voucher HUD-VASH Other Permanent Supportive Housing Public Housing SNAP WIC |
| **First Name** | **M.I.** | **Last Name** |
|  |  |  |
| **Social Security Number** | **Date of Birth** | **Gender** |
| \_ \_ \_ / \_ \_ / \_ \_ \_ \_ | \_ \_ / \_ \_ / \_ \_ \_ \_ |  Female  Other Male |
| **Ethnicity** | **Race** | **Education** |
|  Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins |  American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White |  Grade 0-8 Grades 9-12/Non-Graduate High School Grad/GED 12+ Some Post-Secondary Education 2 or 4 Year College Graduate Grad or other post-secondary school |
| **Client Disabled?** | **Military Status** | **Is Client a US Citizen?** |
|  Yes No |  Veteran Active Military |  Yes No |
| **Work Status** | **Health Insurance Type** | **Non-Cash Benefits** |
|  Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6 months) Unemployed (not in labor force) Retired Unknown/not reported Youth ages 14-24 who are neither working nor in school |  Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children’s Health Insurance Program State Health Insurance for Adults |  Affordable Care Act Subsidy Childcare Voucher Housing Choice Voucher HUD-VASH Other Permanent Supportive Housing Public Housing SNAP WIC |

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|  **Countable Income Information**  |
| Client Name | Total Amount Received | Period Received (30, 90 or 365 days) |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| Income Category | Frequency | Total Amount |
| Fixed Countable Income | Supplemental Security Income (SSI) (See E-2.3)Social Security Disability Insurance (SSDI) (See E-2.3)Social Security Retirement (SS) (See E-2.3)Pension (examples are government, military and private)Widow/Widower’s benefitAlimonyBlack Lung pension |  Weekly Bi-weekly Monthly Yearly | $  |
| Earned Countable Income | Wages (salary, tips, commission, bonuses, etc.)Active Military Pay |  Weekly Bi-weekly Monthly Yearly | $  |
| Other Earned Countable Income | Seasonal Employment Self-employment  |  Weekly Bi-weekly Monthly Yearly | $  |
| Supplemental Countable Income | UnemploymentUtility AssistanceWorkers’ CompensationOhio Works FirstTemporary Assistance for Needy Families (TANF)Employment Disability PayoutsStrike Benefit |  Weekly Bi-weekly Monthly Yearly | $  |
| Other Countable Income | Cash withdraws from: Individual Retirement Accounts, Annuities, Other investmentsLump sum payout from: Estate & Trust settlements, Divorce settlements, insurance payout, lottery winningsInterest Income |  Weekly Bi-weekly Monthly Yearly |  |
| None | $ |
| **Total** | $ |
| **Deductions** |
| Deductible Income | Frequency | Total |
| Health Insurance PremiumsShort and Long-Term Disability PremiumsPrescription PlansHealth Care Spending AccountsMedicaid Spend Down (deductibles)Medicare PremiumsChild Support paid-outAttorney fees for estate or trust settlementsSelf-employment IRS allowable business expensesReimbursement for work expenses |  Weekly Bi-weekly Monthly Yearly | $  |
| **Total Household Income (Countable Income – Deductions)** | $ |
| **Federal Poverty Level** | % |

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| **Excluded Income** |
| Excluded Income | Frequency | Total Amount |
| Agency Orange PensionVeterans affairs, service related disabilityHandicapped income (i.e. work programs for the blind or disabled)Title V wages (i.e. senior employment programs)Volunteers in Service to America Stipend (VISTA)Work allowances (work requirement to receive OWF assistance)Income earned by dependent minorsTax refunds/rebatesEducation assistance (grants stipends for tuition/books)Stipends for foster careMilitary allowances for subsistenceOhio waiver program (Medicaid benefit for caregiver)Prevention retention and contingency (i.e. emergency services, rental asst.)transportation allowances (WIOA)Proceeds from reverse mortgageFEMA, cash paymentsTitle III Disaster relief emergency assistance |  Weekly Bi-weekly Monthly Yearly | $  |

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| **Expenses** |
| Expense Type | Total Monthly Expense amount |
| Food | $ |
| Shelter | $ |
| Child Care | $ |
| Transportation | $ |
| Utilities | $ |
| Total | $ |

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: Date:

Approved by: Date:

Coronavirus Relief Fund Emergency Services Program Application Details

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| **CRFESP Program Details** |
| Program | Member | Date |
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| **CRFESP Program Details** |
| Activity | Description | Member | Quantity | Amount | Date |
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