

COVID-19 Rise Above Assistance Program

Thank you for your interest in applying for the COVID-19 Rise Above Program. The Rise Above program provides assistance to eligible Ashtabula County individuals and families who have experienced a *substantial COVID-19 impact* and who fall below 200% of the Federal Poverty Guideline.*

Name:	:	Phone:	Email:			
I would	ld like to apply for the					
	Wellness Through Art- Art Wellne	ess Workshop Seri	ies			
How h	nave you/your family been impacte	ed by COVID-19?((Must provide written verification)			
	Please submit all of the following documentation to apply for this program. For questions about the application or the program, please call 2-1-1. Copy of Photo ID for Head of Household					
	Community Services Block Grant Proof of Income	Customer Applica	ation			
	, , , , , , , , , , , , , , , , , , , ,	•	decrease in income, unemployment or's note, note from caseworker/			
Signat	ture		 Date			
*Specio	ial grant funds may be available to cover the cost for	r those with income above	the guidelines			

Community Development Services - 4200 State Road, Ashtabula, OH 44004

Ph: 440-997-6005 <u>www.accaa.org</u> Fax: 440-997-6162



Community Action Intake Application Instructions

Thank you for your interest in applying to Ashtabula County Community Action Agency- Community Development Services. Community Action provides assistance to eligible Ashtabula County individuals and families with income at or below 200% of the Federal Poverty Guideline.

Please complete the attached application:

- 1. Fill out the first page with the information of the primary applicant or head of household.
- 2. On the following pages fill out information for each additional household member (add additional pages if needed)
- 3. Next, complete the Countable Income information for all household members age 18 and older for the past 30 days, and mark the Categories, Frequency, Amounts and Deductions.
- 4. Sign and date the application.

Please submit all of the following documentation with the application.

Copy of Photo ID for Head of Household
Proof of Income
 May include: paystubs/print-outs, unemployment letter, layoff
notice, bank statements, award letters, etc.
Proof of COVID-19 Impact
 May include: paystubs/print-outs showing decrease in income,
unemployment letter, layoff notice, bank statements, doctor's note
note from caseworker/counselor, etc.

For questions about the application or the program, please call 2-1-1.

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Community Services Block Grant



Customer Intake Application

Client Number:		Agency:			Application Date:		
A	County Community Action Agency						
Primary Applicant First				Last Name	ast Name		
Social Security Number		Date of Birth			Gender		
//		//			☐ Female☐ Male	☐ Other	
		Househo	ld Informa	ation:	⊔ iviale		
Household Size:	Family		ia illioillie	F	ng Type		
Tiouseriola dize.		le Parent/Female			ile Home		
Housing Status		le Parent/Male			le Family		
□ Own		-Parent Household				rise (3 stories or less)	
□ Rent		le Person		☐ Mult	i-family high	rise (3 stories or more)	
☐ Other Permanent		Adults/No Children					
Housing		related Adults with					
☐ Homeless	☐ U Mult	igenerational Hous	ehold				
□ Other	er						
		Custon	ner Addre	ss:			
Current Service Address:			Apartmer	nt/Lot/Ur	nit Floor:		
	c 1:cc .		A .	. // . // 1	'. El		
Current Mailing Address (t different	from above):	Apartmer	nt/Lot/Ur	nit Floor:		
City:	State:		Zip Code			County:	
City.	State.		Zip Code	•		bounty.	
Phone Number:			Email Ad	dress:			
Preferred method of contact?							
	Pr	imary Applicant D	emograp	hic Info	rmation:		
Ethnicity		Race			Educatio	n	
☐ Hispanic, Latino or Spa	nish	☐ American India	n/Alaskan	Native	☐ Grade		
Origins		☐ Asian			☐ Grades 9-12/Non-Graduate		
☐ Not Hispanic, Latino or	Spanish	☐ Black/African A			☐ High School Grad/GED		
Origins		□ Native Hawaiian/Other Pacific			☐ 12+ Some Post-Secondary		
		Islander ☐ Other			☐ Education☐ 2 or 4 Year College Graduate		
		☐ Unknown/Not-reported				ate or other post-secondary	
		☐ White	Cportcu		school	ate of other post-secondary	
Client Disabled?		Military Status			a US Citizen?		
□ Yes		□ Veteran		☐ Yes			
		☐ Active Military		Non-Cash Benefits			
Work Status		Health Insurance	е Туре				
☐ Employed full-time		☐ Medicaid				ble Care Act Subsidy	
☐ Employed part-time☐ Migrant Seasonal Farm Worker		☐ Medicare ☐ Private/Employment Based		☐ Childcare Voucher☐ Housing Choice Voucher☐			
☐ Unemployed (short-term, 6			☐ Self-Insured/Direct Pay		☐ HUD-VASH		
				-		•	
		☐ Self-Insured/Di			☐ HUD-V	•	
months or less) ☐ Unemployed (long-term	n, 6		rect Pay		☐ HUD-V	•	
months or less)	n, 6	☐ Self-Insured/Di☐ None	rect Pay s Health		☐ HUD-V	ASH nent Supportive Housing	
months or less) ☐ Unemployed (long-term	n, 6 , more	 □ Self-Insured/Di □ None □ State Children' Insurance Prog □ State Health In 	rect Pay s Health gram		☐ HUD-V ☐ Other ☐ Permai ☐ Public ☐ SNAP	ASH nent Supportive Housing	
months or less) ☐ Unemployed (long-term than 6 months) ☐ Unemployed (not in lab ☐ Retired	n, 6 , more	☐ Self-Insured/Di☐ None☐ State Children'Insurance Prog	rect Pay s Health gram		☐ HUD-V☐ Other☐ Perman☐ Public	ASH nent Supportive Housing	
months or less) ☐ Unemployed (long-term than 6 months) ☐ Unemployed (not in lab	n, 6 , more or force)	 □ Self-Insured/Di □ None □ State Children' Insurance Prog □ State Health In 	rect Pay s Health gram		☐ HUD-V ☐ Other ☐ Permai ☐ Public ☐ SNAP	ASH nent Supportive Housing	

Household Member 2 Demographic Information:					
First Name	M.I.	Last Name			
Social Security Number	Date of Birth	Gender			
	1 1	☐ Female ☐ Other			
//	//	☐ Male			
Ethnicity	Race	Education			
☐ Hispanic, Latino or Spanish	☐ American Indian/Alaskan Native	☐ Grade 0-8			
Origins	☐ Asian	☐ Grades 9-12/Non-Graduate			
□ Not Hispanic, Latino or Spanish	☐ Black/African American	☐ High School Grad/GED			
Origins	☐ Native Hawaiian/Other Pacific	☐ 12+ Some Post-Secondary☐ Education			
	lslander □ Other	☐ 2 or 4 Year College Graduate			
	☐ Unknown/Not-reported	☐ Graduate or other post-secondary school			
	☐ White	E Gradate of other post occordary concer			
Client Disabled?	Military Status	Is Client a US Citizen?			
□ Yes	☐ Veteran	☐ Yes			
	☐ Active Military				
Work Status	Health Insurance Type	Non-Cash Benefits			
☐ Employed full-time	☐ Medicaid	☐ Affordable Care Act Subsidy			
☐ Employed part-time	□ Medicare	☐ Childcare Voucher			
☐ Migrant Seasonal Farm Worker	☐ Private/Employment Based	☐ Housing Choice Voucher			
☐ Unemployed (short-term, 6	☐ Self-Insured/Direct Pay	☐ HUD-VASH			
months or less) ☐ Unemployed (long-term, more	☐ None☐ State Children's Health Insurance	☐ Other☐ Permanent Supportive Housing			
than 6 months)	Program Program	☐ Public Housing			
☐ Unemployed (not in labor force)	☐ State Health Insurance for Adults	□ SNAP			
☐ Retired		□ WIC			
☐ Unknown/not reported					
☐ Youth ages 14-24 who are neither					
working nor in school					
	usehold Member 3 Demographic In				
First Name	usehold Member 3 Demographic In M.I.	formation: Last Name			
First Name	M.I.	Last Name			
		Last Name Gender			
First Name Social Security Number	M.I. Date of Birth	Last Name Gender □ Female □ Other			
Social Security Number	M.I. Date of Birth //	Last Name Gender □ Female □ Male			
First Name Social Security Number / Ethnicity	M.I. Date of Birth // Race	Last Name Gender □ Female □ Male Education			
First Name Social Security Number / Ethnicity Hispanic, Latino or Spanish	M.I. Date of Birth // Race □ American Indian/Alaskan Native	Last Name Gender □ Female □ Male Education □ Grade 0-8			
First Name Social Security Number / Ethnicity Hispanic, Latino or Spanish Origins	M.I. Date of Birth // Race □ American Indian/Alaskan Native □ Asian	Last Name Gender □ Female □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate			
First Name Social Security Number // Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American	Last Name Gender □ Female □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED			
First Name Social Security Number / Ethnicity Hispanic, Latino or Spanish Origins	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific	Cast Name Cander Other Other Male Education Grade 0-8 Grades 9-12/Non-Graduate High School Grad/GED 12+ Some Post-Secondary			
First Name Social Security Number // Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander	Cast Name Cander Other Other Male Education Grades 9-12/Non-Graduate High School Grad/GED 12+ Some Post-Secondary Education Education Education Cander Education Cander Cander			
First Name Social Security Number // Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific	Gender ☐ Female ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary ☐ Education ☐ 2 or 4 Year College Graduate			
Social Security Number // Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other	Gender ☐ Female ☐ Male Education ☐ 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			
First Name Social Security Number // Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported	Cender			
Social Security Number // Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran	Gender ☐ Female ☐ Male Education ☐ 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			
Social Security Number / Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Origins Ves	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Active Military	Gender Female Male Education 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 a US Citizen?			
First Name Social Security Number / Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Origins Vigins Client Disabled? Yes Work Status	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type	Gender Female Other Male Education 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 a US Citizen? Yes Non-Cash Benefits			
First Name Social Security Number / Ethnicity □ Hispanic, Latino or Spanish Origins □ Not Hispanic, Latino or Spanish Origins □ Res Client Disabled? □ Yes Work Status □ Employed full-time	M.I. Date of Birth // Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid	Gender Gender Gender Gender Gender Gender Male Education 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 a US Citizen? Yes Non-Cash Benefits Affordable Care Act Subsidy			
First Name Social Security Number / Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Origins Client Disabled? Yes Work Status Employed full-time Employed part-time	M.I. Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Veteran □ Active Military Health Insurance Type □ Medicaid □ Medicare	Gender ☐ Female ☐ Male Education ☐ 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 a US Citizen? ☐ Yes Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher			
First Name Social Security Number / Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Client Disabled? Yes Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker	M.I. Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Veteran □ Active Military Health Insurance Type □ Medicaid □ Medicare □ Private/Employment Based	Gender ☐ Female ☐ Male Education ☐ 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 a US Citizen? ☐ Yes Non-Cash Benefits ☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher			
Social Security Number / Ethnicity □ Hispanic, Latino or Spanish Origins □ Not Hispanic, Latino or Spanish Origins □ Not Bispanic, Latino or Spanish Origins □ Work Status □ Employed full-time □ Employed part-time □ Migrant Seasonal Farm Worker □ Unemployed (short-term, 6	M.I. Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Veteran □ Active Military Health Insurance Type □ Medicaid □ Medicare □ Private/Employment Based □ Self-Insured/Direct Pay	Gender Female			
Social Security Number / Ethnicity □ Hispanic, Latino or Spanish Origins □ Not Hispanic, Latino or Spanish Origins □ Not Hispanic, Latino or Spanish Origins □ Work Status □ Employed full-time □ Employed part-time □ Migrant Seasonal Farm Worker □ Unemployed (short-term, 6 months or less)	M.I. Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Veteran □ Active Military Health Insurance Type □ Medicaid □ Medicare □ Private/Employment Based □ Self-Insured/Direct Pay □ None	Gender Female			
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First Name Social Security Number / Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins ☐ Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm Worker ☐ Unemployed (short-term, 6 months or less) ☐ Unemployed (long-term, more than 6 months)	M.I. Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Veteran □ Active Military Health Insurance Type □ Medicaid □ Medicare □ Private/Employment Based □ Self-Insured/Direct Pay □ None □ State Children's Health Insurance Program	Gender Female			
Social Security Number /	M.I. Date of Birth // Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Native Hawaiian/Other Pacific Islander □ Other □ Unknown/Not-reported □ White Military Status □ Veteran □ Active Military Health Insurance Type □ Medicaid □ Medicare □ Private/Employment Based □ Self-Insured/Direct Pay □ None □ State Children's Health Insurance Program	Gender Female			
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Social Security Number
Commons Comm
Commons Comm
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Male
Hispanic, Latino or Spanish Origins American Indian/Alaskan Native Origins American Indian/Alaskan Native Origins American Indian/Alaskan Native Origins American Indian/Alaskan Native American Grade 9-12/Non-Graduate High School Grad/GED Education List Some Post-Secondary school List State School List State School List Scho
Hispanic, Latino or Spanish Origins
Asian
Noti Hispanic, Latino or Spanish Origins
Native Hawaiian/Other Pacific Stander 24 Some Post-Secondary 54 Some 25 or 4 Year College Graduate 2 or 4 Year College Graduate 3 or 4 Year College Graduate 3 or 4 Year College Graduate 3 or 4 Year College Graduate 3 or 5 or
Islander
□ Unknown/Not-reported □ Graduate or other post-secondary school □ White White Williary Status S Client a US Citizen? Yes □ Veteran Active Military Yes □ Medicaid Affordable Care Act Subsidy □ Medicare □ Medicare □ Private/Employment Based □ Childcare Voucher □ Housing Choice Voucher □ Medicare □ Private/Employment Based □ Housing Choice Voucher □ Housing Choice Voucher □ Program □ State Children's Health Insurance Program □ State Children's Health Insurance Program □ State Health Insurance for Adults □ SNAP □ WIC □ W
White Wiltary Status Veteran Yes Veteran Active Military Status Yes Veteran Active Military Status Yes Veteran Active Military Status Veteran Yes Veteran Active Military Status Work Status Health Insurance Type Medicare Affordable Care Act Subsidy Affordable Care Act Subsidy Affordable Care Act Subsidy Childcare Voucher Health Insurance Type Childcare Voucher Housing Choice Voucher Permanent Supportive Housing State Children's Health Insurance for Adults State Children's Housing Children's Health Insurance for Adults State Children's Housing Children's Health Insurance for Adults State Children's Health Insurance for Adults Scienta US Citizen? Yes Veteran Active Military Health Insurance Type Non-Cash Benefits
Yes
Active Military
Medicard Griphoyed part-time Medicare Affordable Care Act Subsidy Affordable Care Act
□ Employed full-time □ Medicaid □ Affordable Care Act Subsidy □ Migrant Seasonal Farm Worker □ Medicaid □ Childcare Voucher □ Unemployed (short-term, 6 months or less) □ None □ Housing Choice Voucher □ Unemployed (long-term, more than 6 months) □ State Children's Health Insurance Program □ Permanent Supportive Housing □ None □ State Health Insurance for Adults □ WIC □ Household Member 5 Demographic Information: First Name M.J. Social Security Number Date of Birth Gender □ Hispanic, Latino or Spanish Origins □ American Indian/Alaskan Native Asian □ Grade 0-8 □ Not Hispanic, Latino or Spanish Origins □ American Indian/Alaskan Native Hawaiian/Other Pacific Islander □ High School Grad/GED □ 12+ Some Post-Secondary □ Not Hispanic, Latino or Spanish Origins □ Attive Hawaiian/Other Pacific Islander □ 12+ Some Post-Secondary □ 12+ Some Post-Secondary □ Veteran □ Active Military Is Client a US Citizen? □ Yes □ Veteran □ Active Military Work Status Health Insurance Type Non-Cash Benefits
□ First Name Modescere Muse □ Childcare Voucher □ Unemployed (short-term, 6 months or less) □ None □ Hub-VASH □ Unemployed (long-term, more than 6 months) □ State Children's Health Insurance Program □ Public Housing □ Unemployed (not in labor force) □ State Health Insurance for Adults □ SNAP □ Native Hawaiian/Other Pacific Islander □ American Indian/Alaskan Native Origins □ Gradae 9-12/Non-Graduate □ Not Hispanic, Latino or Spanish Origins □ American Indian/Alaskan Native Hawaiian/Other Pacific Islander □ Gradae 0-8 □ Gradae 9-12/Non-Graduate □ Native Hawaiian/Other Pacific Islander □ Other □ 2 or 4 Year College Graduate □ Work Status Health Insurance Type Non-Cash Benefits
□ Unemployed (short-term, 6 months or less) □ Private/Employment Based □ Housing Choice Voucher □ Unemployed (long-term, more than 6 months) □ None □ Other □ Unemployed (not in labor force) □ State Children's Health Insurance Program □ Public Housing □ Unemployed (not in labor force) □ Retired □ Unknown/not reported □ WIC □ Youth ages 14-24 who are neither working nor in school M.I. Last Name First Name M.I. Last Name Social Security Number Date of Birth Gender □ -// □ Permanent Supportive Housing By WIC Household Member 5 Demographic Information: State Health Insurance for Adults SNAP WIC Household Member 5 Demographic Information: Last Name Bocial Security Number Date of Birth Gender □ - / / □ Private/Employment Based □ Other □ Hispanic, Latino or Spanish Origins □ American Indian/Alaskan Native □ Grade 0-8 □ Grade 0-8 □ Grade Origins □ Black/African American □ Hispanic, Latino or Spanish □ Hispanic, Latino or Spanish □ Hispanic, Latino or Spanish □ Hispanic, Latino
□ Unemployed (short-term, 6 months or less) □ Private/Employment Based □ Housing Choice Voucher □ Unemployed (long-term, more than 6 months) □ None □ Other □ Unemployed (not in labor force) □ State Children's Health Insurance Program □ Public Housing □ Unemployed (not in labor force) □ Retired □ Unknown/not reported □ WIC □ Youth ages 14-24 who are neither working nor in school M.I. Last Name First Name M.I. Last Name Social Security Number Date of Birth Gender □ -// □ Permanent Supportive Housing By WIC Household Member 5 Demographic Information: State Health Insurance for Adults SNAP WIC Household Member 5 Demographic Information: Last Name Bocial Security Number Date of Birth Gender □ - / / □ Private/Employment Based □ Other □ Hispanic, Latino or Spanish Origins □ American Indian/Alaskan Native □ Grade 0-8 □ Grade 0-8 □ Grade Origins □ Black/African American □ Hispanic, Latino or Spanish □ Hispanic, Latino or Spanish □ Hispanic, Latino or Spanish □ Hispanic, Latino
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 Household Member 5 Demographic Information: First Name M.I. Last Name M.I. Last Name Gender Grades 9-12/Non-Graduate Hispanic, Latino or Spanish Origins Black/African American Black/African American Black/African American Critical Stander Dother
□ Unemployed (long-term, more than 6 months) □ State Children's Health Insurance Program □ Permanent Supportive Housing □ Unemployed (not in labor force) □ Retired □ Unknown/not reported □ SNAP □ SNAP □ Unknown/not reported □ Youth ages 14-24 who are neither working nor in school WIC WIC Household Member 5 Demographic Information: First Name M.I. Last Name Social Security Number Date of Birth Gender □/ □ Female □ Other □ Hispanic, Latino or Spanish Origins □ American Indian/Alaskan Native □ Grade 0-8 □ Grades 9-12/Non-Graduate □ Not Hispanic, Latino or Spanish Origins □ Rate/African American □ High School Grad/GED □ 12+ Some Post-Secondary □ Rative Hawaiian/Other Pacific Islander □ 12+ Some Post-Secondary □ Graduate or other post-secondary school □ White □ Unknown/Not-reported □ Graduate or other post-secondary school □ White □ Yes □ Yes □ Active Military Work Status Health Insurance Type Non-Cash Benefits
than 6 months) Unemployed (not in labor force) Retired Unknown/not reported Youth ages 14-24 who are neither working nor in school Household Member 5 Demographic Information: First Name M.I. Last Name Social Security Number Date of Birth —-// — Female Other Male Ethnicity Race Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins With Hawaiian/Other Pacific Islander Unknown/Not-reported White White Client Disabled? Military Status Work Status Program Public Housing SNAP WIC WIC Public Housing SNAP WIC WIC WIC Public Housing SNAP UNIC WIC WIC WIC Paulor SNAP UNIC WIC WIC WIC WIC WIC Paulor SNAP UNIC WIC WIC WIC WIC WIC WIC WIC
Unemployed (not in labor force) State Health Insurance for Adults SNAP Unknown/not reported WIC Youth ages 14-24 who are neither working nor in school M.I. Last Name Social Security Number Date of Birth Gender Social Security Number Pemale Other Hispanic, Latino or Spanish Origins American Indian/Alaskan Native Origins Grade 0-8 Not Hispanic, Latino or Spanish Origins Black/African American Native Hawaiian/Other Pacific Islander High School Grad/GED Native Hawaiian/Other Pacific Islander Cother Cother Unknown/Not-reported Graduate or other post-secondary school Unknown/Not-reported Graduate or other post-secondary school Client Disabled? Military Status Is Client a US Citizen? Work Status Health Insurance Type Non-Cash Benefits
□ Retired □ Unknown/not reported □ Youth ages 14-24 who are neither working nor in school Household Member 5 Demographic Information: 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 □ Not Hispanic, Latino or Spanish Origins □ Native Hawaiian/Other Pacific Islander □ Other □ Other □ Other □ High School Grad/GED □ 12+ Some Post-Secondary □ Education □ 12+ Some Post-Secondary □ Education □ 12 or 4 Year College Graduate □ Unknown/Not-reported □ White □ Graduate or other post-secondary school □ White □ Graduate or other post-secondary school □ White □ Yes □ Yes □ Yes □ Veteran □ Active Military Work Status Health Insurance Type Non-Cash Benefits
Unknown/not reported
Youth ages 14-24 who are neither working nor in school
Household Member 5 Demographic Information: First Name
Household Member 5 Demographic Information: First Name M.I. Cast Name Social Security Number Date of Birth Gender /
Social Security Number Date of Birth Gender Female Other Male /
Social Security Number Date of Birth Gender Female Other Male /
Social Security Number Date of Birth Gender Female Male Ethnicity Race Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Origins Not Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Native Hawaiian/Other Pacific Islander Other Other Other Other Other Graduate or other post-Secondary Graduate or other post-secondary school White Client Disabled? Military Status Is Client a US Citizen? Yes Work Status Health Insurance Type Non-Cash Benefits
Female
Female
Ethnicity Race Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Native Hawaiian/Other Pacific Islander Islander Unknown/Not-reported White Client Disabled? Male Education Grade 0-8 Grades 9-12/Non-Graduate High School Grad/GED 12+ Some Post-Secondary Education Graduate or other post-secondary school White Client Disabled? Military Status Is Client a US Citizen? Yes Veteran Active Military Work Status Health Insurance Type Non-Cash Benefits
Ethnicity Race Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Native Hawaiian/Other Pacific Islander Unknown/Not-reported White Client Disabled? Military Status Race Education Grade 0-8 Grades 9-12/Non-Graduate High School Grad/GED 12+ Some Post-Secondary Education Graduate or other post-secondary school Graduate or other post-secondary school White Client Disabled? Veteran Active Military Work Status Non-Cash Benefits
☐ Hispanic, Latino or Spanish ☐ American Indian/Alaskan Native ☐ Grade 0-8 ☐ Not Hispanic, Latino or Spanish ☐ Black/African American ☐ High School Grad/GED ☐ Origins ☐ Native Hawaiian/Other Pacific ☐ 12+ Some Post-Secondary ☐ Islander ☐ Education ☐ Other ☐ 2 or 4 Year College Graduate ☐ White ☐ Graduate or other post-secondary school ☐ White ☐ Sclient a US Citizen? ☐ Yes ☐ Veteran ☐ Yes ☐ Work Status Health Insurance Type Non-Cash Benefits
Origins Not Hispanic, Latino or Spanish Origins Black/African American Unkive Hawaiian/Other Pacific Islander Unknown/Not-reported Unknown/Not-reported White Client Disabled? Work Status Grades 9-12/Non-Graduate High School Grad/GED 12+ Some Post-Secondary Education Caraduate or other post-secondary school Graduate or other post-secondary school Unknown/Not-reported Unknown/Not-r
□ Not Hispanic, Latino or Spanish Origins □ Black/African American □ High School Grad/GED □ Native Hawaiian/Other Pacific Islander □ Education □ 2 or 4 Year College Graduate □ Unknown/Not-reported □ Graduate or other post-secondary school □ White □ Graduate or other post-secondary school □ Yes □ Veteran □ Yes □ Active Military ■ Non-Cash Benefits
Origins Native Hawaiian/Other Pacific 12+ Some Post-Secondary Education 2 or 4 Year College Graduate Unknown/Not-reported Graduate or other post-secondary school White Sclient a US Citizen? Yes Active Military Work Status Non-Cash Benefits
Islander □ Education □ Other □ 2 or 4 Year College Graduate □ Unknown/Not-reported □ Graduate or other post-secondary school White Is Client a US Citizen? □ Yes □ Veteran □ Yes □ Active Military Non-Cash Benefits
□ Other □ 2 or 4 Year College Graduate □ Unknown/Not-reported □ Graduate or other post-secondary school Client Disabled? Military Status Is Client a US Citizen? □ Yes □ Veteran □ Yes □ Active Military Non-Cash Benefits
□ Unknown/Not-reported □ Graduate or other post-secondary school Client Disabled? Military Status Is Client a US Citizen? □ Yes □ Veteran □ Yes □ Active Military Non-Cash Benefits
□ White Client Disabled? Military Status Is Client a US Citizen? □ Yes □ Veteran □ Yes □ Active Military Work Status Health Insurance Type Non-Cash Benefits
Client Disabled? Military Status Is Client a US Citizen? ☐ Yes ☐ Veteran ☐ Yes ☐ Active Military Work Status Health Insurance Type Non-Cash Benefits
☐ Yes ☐ Veteran ☐ Yes ☐ Active Military Work Status Health Insurance Type Non-Cash Benefits
□ Active Military Work Status Health Insurance Type Non-Cash Benefits
Work Status Health Insurance Type Non-Cash Benefits
,,
☐ Employed full-time
□ Employed part-time □ Medicare □ Childcare Voucher
☐ Migrant Seasonal Farm Worker ☐ Private/Employment Based ☐ Housing Choice Voucher
☐ Unemployed (short-term, 6 ☐ Self-Insured/Direct Pay ☐ HUD-VASH
months or less)
months or less) □ None □ Other □ Unemployed (long-term, more □ State Children's Health Insurance □ Permanent Supportive Housing
months or less) ☐ Unemployed (long-term, more than 6 months) ☐ None ☐ State Children's Health Insurance Program ☐ Other ☐ Permanent Supportive Housing ☐ Public Housing
months or less) □ Unemployed (long-term, more than 6 months) □ Unemployed (not in labor force) □ None □ State Children's Health Insurance program □ Permanent Supportive Housing □ Public Housing □ SNAP
months or less) □ Unemployed (long-term, more than 6 months) □ Unemployed (not in labor force) □ Retired □ None □ State Children's Health Insurance □ Permanent Supportive Housing □ Public Housing □ SNAP □ WIC
months or less) □ Unemployed (long-term, more than 6 months) □ Unemployed (not in labor force) □ None □ State Children's Health Insurance program □ Permanent Supportive Housing □ Public Housing □ SNAP

	Countable Income Info	rmation				
Customer Name: Total Amount Receive				Period Received (30, 90 or 365 days)		
		\$,	,	
		\$				
		\$				
		\$				
		\$				
		\$ \$				
		⊅ 			Total	
	Income Category:		Frequ	ency:	Amount:	
□ Fixed	□ SSI □ SSDI □ SSA □ Pension □ Window/Widower's benefit □ Adoption Assistance □ Alimony □ Black Lung pension □ Wages		□ Wee	reekly thly rly	\$	
□ Earned	☐ Self-employment ☐ Active Military Pay ☐ Ohio Electronic Child care		□ Bi-w □ Mon □ Yea	reekly thly rly	\$	
☐ Unemployment ☐ Usupplemental ☐ Utility Assistance ☐ Workers' Compensation ☐			□ Wee □ Bi-w □ Mon □ Yea	eekly thly	\$	
☐ Cash withdraws from: IRA, Annuities, Other investments ☐ Lump sum payout from: SSI, SSDI, Estate & Trust settlements, Divorce settlements, insurance payout, lotter winnings ☐ Interest Income					\$	
□ None \$						
Total: \$						
	Deductions:					
Deductible Income			Freque	ency:	Total Amount:	
 ☐ Health Insurance Premiums ☐ Health Care Spending Accounts ☐ Medicaid Spend Down (deductibles) ☐ Medicare Part D (RX premium) ☐ Child Support paid-out ☐ Attorney fees for estate or trust settlements 					\$	
_	Total Household Income (Cou				\$	
		Federal Po	overty L	evel:	%	
•	atement is true and correct to the best of my knecessary for verification purposes.	nowledge, and I a	uthorize	the rel	ease of any	
Applicant Signature: Date:						
Approved by:		Da	ite:			

Excluded Income				
Excluded Income:	Frequency:	Total		
		Amount:		
□ Agency Orange Pension □ Veterans affairs, service related disability □ Handicapped 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 minors □ Tax refunds/rebates □ Education assistance (grants stipends for tuition/books) □ Stipends for foster care □ Military allowances for subsistence □ Ohio waiver program (Medicaid benefit for caregiver) □ Prevention retention and contingency (i.e. emergency services, rental asst.) □ transportation allowances (WIOA)	☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	Amount:		
 □ Prevention retention and contingency (i.e. emergency services, rental asst.) □ transportation allowances (WIOA) □ Proceeds from reverse mortgage □ FEMA, cash payments 				
☐ Title III Disaster relief emergency assistance				

Expenses:				
Expense Type:	Total Monthly Expense			
	amount:			
Food	\$			
Shelter	\$			
Child Care	\$			
Transportation	\$			
Utilities	\$			
Total:	\$			