



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 like to apply for the...

- ☐ Wellness Through Art- Art Wellness Workshop Series

How have you/your family been impacted by COVID-19? (Must provide written verification)

- ☐ Loss of Income (unemployment, loss of hours/wages, etc.)
- ☐ Other: _(Please explain your situation) _____
- _____
- _____

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 Customer Application
- ☐ Proof of Income
- ☐ 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.

Signature

Date

**Special grant funds may be available to cover the cost for those with income above the guidelines*

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

Ph: 440-997-6005

www.accaa.org

Fax: 440-997-6162

This agency is an equal opportunity provider of services and an equal employment opportunity employer. Civil Rights Act 1964 (CRA)



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

Household Member 2 Demographic Information:		
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/_____	__/__/_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC
Household Member 3 Demographic Information:		
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/_____	__/__/_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

Household Member 4 Demographic Information:		
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/_____	__/__/_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC
Household Member 5 Demographic Information:		
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/_____	__/__/_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

Countable Income Information			
Customer Name:		Total Amount Received	Period Received (30, 90 or 365 days)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Income Category:		Frequency:	Total Amount:
<input type="checkbox"/> Fixed	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> SSA <input type="checkbox"/> Pension <input type="checkbox"/> Window/Widower's benefit <input type="checkbox"/> Adoption Assistance <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung pension	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Earned	<input type="checkbox"/> Wages <input type="checkbox"/> Self-employment <input type="checkbox"/> Active Military Pay <input type="checkbox"/> Ohio Electronic Child care	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Other	<input type="checkbox"/> Cash withdraws from: IRA, Annuities, Other investments <input type="checkbox"/> Lump sum payout from: SSI, SSDI, Estate & Trust settlements, Divorce settlements, insurance payout, lotter winnings <input type="checkbox"/> Interest Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> None			\$ _____
Total:			\$ _____
Deductions:			
Deductible Income:		Frequency:	Total Amount:
<input type="checkbox"/> Health Insurance Premiums <input type="checkbox"/> Health Care Spending Accounts <input type="checkbox"/> Medicaid Spend Down (deductibles) <input type="checkbox"/> Medicare Part D (RX premium) <input type="checkbox"/> Child Support paid-out <input type="checkbox"/> Attorney fees for estate or trust settlements		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Total Household Income (Countable Income – Deductions)			\$ _____
Federal Poverty Level:			_____ %

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: _____

Excluded Income		
Excluded Income:	Frequency:	Total Amount:
<input type="checkbox"/> Agency Orange Pension <input type="checkbox"/> Veterans affairs, service related disability <input type="checkbox"/> Handicapped income (i.e. work programs for the blind or disabled) <input type="checkbox"/> Title V wages (i.e. senior employment programs) <input type="checkbox"/> Volunteers in Service to America Stipend (VISTA) <input type="checkbox"/> Work allowances (work requirement to receive OWF assistance) <input type="checkbox"/> Income earned by dependent minors <input type="checkbox"/> Tax refunds/rebates <input type="checkbox"/> Education assistance (grants stipends for tuition/books) <input type="checkbox"/> Stipends for foster care <input type="checkbox"/> Military allowances for subsistence <input type="checkbox"/> Ohio waiver program (Medicaid benefit for caregiver) <input type="checkbox"/> Prevention retention and contingency (i.e. emergency services, rental asst.) <input type="checkbox"/> transportation allowances (WIOA) <input type="checkbox"/> Proceeds from reverse mortgage <input type="checkbox"/> FEMA, cash payments <input type="checkbox"/> Title III Disaster relief emergency assistance	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____

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