

Community Services Block Grant (CSBG) Application for Assistance

Please bring the following documentation:

1. Applicant – Birth Certificate, **Driver's License** or Government Issued Picture ID Card, and Social Security Card;
2. Other Family Members – Provide full names, birthdates, and their **Social Security Card(s)**;
3. **Proof of Residence** – Most recent utility bill or a rental agreement;
4. **Proof of Income** – Total Monthly Income for all household members 18 years or older for the 30 days preceding and including the application date. If an applicant has zero income, a self-declaration statement is required.

Head of Household Name:				Date:				
Physical Address:			City		County		State	
Mailing Address:			Telephone:		Tribal Affiliation: <input type="checkbox"/> Northern Arapaho <input type="checkbox"/> Eastern Shoshone <input type="checkbox"/> Other _____			
			Do you live on the Wind River Reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of Birth:		Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Last 4 of Social Security Number:		Family Size:	# of Children under 18
Applicant Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Applicant Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the races listed)					Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the highest level of schooling completed? (For Adults 24 years and older) A=Applicant O=Other ____ 0-8 th Grade ____ 9-12 th Grade ____ High school Graduate or GED ____ Some college, no degree ____ Associate degree ____ Bachelor's Degree				Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what Type) A=Applicant O=Other ____ Private ____ VA ____ Medicaid ____ Medicare ____ Disability ____ Other: (please list) _____				
Are you disabled? <input type="checkbox"/> Yes ____ <input type="checkbox"/> No		Household Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults <input type="checkbox"/> Two Adults and Children <input type="checkbox"/> Other (Please explain) _____				Type of Housing: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other		
What is your source of income? (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> POWER <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____					Total Income for the last 30 days. \$ _____ If household income is zero, applicant must complete self-declaration.			

Household Member Name:				Relationship to Head of Household:			
Date of Birth:		Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Last 4 of Social Security Number:		
Applicant Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Applicant Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the races listed)					Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the highest level of schooling completed? (For Adults 24 years and older) A=Applicant O=Other ____ 0-8 th Grade ____ 9-12 th Grade ____ High school Graduate or GED ____ Some college, no degree ____ Associate degree ____ Bachelor's Degree				Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what Type) A=Applicant O=Other ____ Private ____ VA ____ Medicaid ____ Medicare ____ Disability ____ Other: (please list) _____			
What is your source of income? (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> POWER <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____						Are you disabled? <input type="checkbox"/> Yes ____ <input type="checkbox"/> No	
						Total Income for the last 30 days. \$ _____	

Household Member Name:			Relationship to Head of Household:		
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Last 4 of Social Security Number:		
Applicant Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Applicant Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the races listed)			Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the highest level of schooling completed? (For Adults 24 years and older) A=Applicant O=Other ___ 0-8 th Grade ___ 9-12 th Grade ___ High school Graduate or GED ___ Some college, no degree ___ Associate degree ___ Bachelor's Degree			Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what Type) A=Applicant O=Other ___ Private ___ VA ___ Medicaid ___ Medicare ___ Disability ___ Other: (please list) _____		
What is your source of income? (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> POWER <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____				Are you disabled? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
				Total Income for the last 30 days. \$ _____	

Household Member Name:			Relationship to Head of Household:		
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Last 4 of Social Security Number:		
Applicant Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Applicant Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the races listed)			Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the highest level of schooling completed? (For Adults 24 years and older) A=Applicant O=Other ___ 0-8 th Grade ___ 9-12 th Grade ___ High school Graduate or GED ___ Some college, no degree ___ Associate degree ___ Bachelor's Degree			Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what Type) A=Applicant O=Other ___ Private ___ VA ___ Medicaid ___ Medicare ___ Disability ___ Other: (please list) _____		
What is your source of income? (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> POWER <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____				Are you disabled? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
				Total Income for the last 30 days. \$ _____	

Household Member Name:			Relationship to Head of Household:		
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Last 4 of Social Security Number:		
Applicant Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Applicant Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the races listed)			Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the highest level of schooling completed? (For Adults 24 years and older) A=Applicant O=Other ___ 0-8 th Grade ___ 9-12 th Grade ___ High school Graduate or GED ___ Some college, no degree ___ Associate degree ___ Bachelor's Degree			Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what Type) A=Applicant O=Other ___ Private ___ VA ___ Medicaid ___ Medicare ___ Disability ___ Other: (please list) _____		
What is your source of income? (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> POWER <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____				Are you disabled? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
				Total Income for the last 30 days. \$ _____	

Household Member Name:			Relationship to Head of Household:		
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Last 4 of Social Security Number:		
Applicant Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Applicant Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the races listed)			Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the highest level of schooling completed? (For Adults 24 years and older) A=Applicant O=Other ___ 0-8 th Grade ___ 9-12 th Grade ___ High school Graduate or GED ___ Some college, no degree ___ Associate degree ___ Bachelor's Degree			Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what Type) A=Applicant O=Other ___ Private ___ VA ___ Medicaid ___ Medicare ___ Disability ___ Other: (please list) _____		
What is your source of income? (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> POWER <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____				Are you disabled? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
				Total Income for the last 30 days. \$ _____	

Household Member Name:			Relationship to Head of Household:		
Date of Birth:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Last 4 of Social Security Number:		
Applicant Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	Applicant Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more of the races listed)			Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the highest level of schooling completed? (For Adults 24 years and older) A=Applicant O=Other ___ 0-8 th Grade ___ 9-12 th Grade ___ High school Graduate or GED ___ Some college, no degree ___ Associate degree ___ Bachelor's Degree			Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what Type) A=Applicant O=Other ___ Private ___ VA ___ Medicaid ___ Medicare ___ Disability ___ Other: (please list) _____		
What is your source of income? (Check all that apply) <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> POWER <input type="checkbox"/> Child Support <input type="checkbox"/> Other: _____				Are you disabled? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
				Total Income for the last 30 days. \$ _____	

Assistance Requested			
Date	Specific Problem	Vendor	Cost
TOTAL AMOUNT OF ASSISTANCE REQUESTED =			

I certify that the documentation provided and the facts contained in this application are accurate and true to the best of my knowledge and understand that falsified statements on this application or in the documentation provided could result in being denied CSBG-funded assistance in Wyoming.

SIGNATURE: _____ DATE: _____

Self-Declaration for zero income or missing required documentation

Only complete if you have no source of income or are missing any of the required documentation.

Please Check ALL that apply:

The Household has no source of Income

(I, _____, do hereby declare under penalty of perjury that I have received no income from any source during the past 30 days and that I have been unemployed during that time. **I have been able to maintain my basic necessities** by: _____

No Proof of Identification **No Social Security Card for ALL Household Members** **No Proof of Residency**

(I, _____, do hereby declare under penalty of perjury that I do not have copies of the required CSBG documentation. **The reason you cannot provide all required documentation:** Examples: (*Natural Disaster, Stranded, Birth of Child no SS card yet, fleeing abusive household*) _____

I certify that the documentation provided and the facts contained in this application are accurate and true to the best of my knowledge and understand that falsified statements on this application or in the documentation provided could result in being denied CSBG-funded assistance in Wyoming.

Applicant (Printed Name) _____ Signature _____ Date _____

Witness (Printed Name) _____ Signature _____ Date _____

Self-Declaration for Zero Income

Must Sign In Front of Notary

Signature _____ Date _____

State of _____

County of _____

On _____, 20____, _____

Personally appeared before me,

_____ known to me personally

_____ whose identity I proved on the basis of _____

_____ whose identity I proved on the oath/affirmation of, _____, a credible witness

To be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public

My commission expires _____

Printed Staff Name:	Staff Signature:	Date Interview Conducted:
----------------------------	-------------------------	----------------------------------

Documentation of service(s) provided, payment invoices, and cancelled check(s) or receipt of payment will be maintained in the file with this CSBG Application, the Eligibility Requirements Form, and copies of Income. In the event, the service is denied; a copy of the Denial Letter will be maintained in the file.

**THE EMERGENCY ASSISTANCE PROGRAM (TEFAP)
CERTIFICATION OF ELIGIBILITY AND DISTRIBUTION RECEIPT**

NAME _____ NUMBER IN HOUSEHOLD _____
 ADDRESS _____ NUMBER OF ADULTS _____
 _____ NUMBER OF CHILDREN _____
 TELEPHONE _____

This table shows a monthly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

TEFAP COMMODITIES DISTRIBUTION INCOME GUIDELINES	
FAMILY SIZE	MAXIMUM GROSS MONTHLY INCOME
1	\$1,307.00
2	\$1,760.00
3	\$2,213.00
4	\$2,665.00
5	\$3,118.00
6	\$3,571.00
7	\$4,024.00
8	\$4,477.00
9	\$4,930.00
10	\$5,383.00
Each Additional Member	\$453.00

You are also eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in one of these programs, please check the box next to it.

- Food Stamps
 POWER Program

Please read the following statement carefully. Then sign the form and write in today's date.

I certify that my monthly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. I also certify that, as of today, my household lives in the area served by the Wyoming Emergency Food Assistance Program. I also understand that commodities are for my personal home use, and not to be sold, traded, or given away. This certification form is being completed in connection with the receipt of Federal assistance. Program officials may verify what I have certified to be true. I understand that making false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Signature

Date

NAME: _____

Employment

- Unemployed for over 1 year Unemployed due to recent job loss Work part-time without benefits
 Work part-time WITH benefits Working full-time Working full-time above minimum wage (\$7.25/hr)
 Not in the job market (receiving unemployment, disabled, etc.)

Housing

- Homeless Living in a car Living in a motel
 Staying in a shelter/transitional living Staying with friends temporarily
 Renting a mobile home, house, or apartment Own a home/paying mortgage

Education

- Not interested in furthering education/vocational training
 Interested in furthering education but not needed for job
 Interested in furthering education to get a better job, but lack resources
 Interested in furthering education to get a better job

How often do you have access to transportation?

- Rarely Sometimes Usually Always

Child Care

- No access/cannot afford childcare Childcare temporarily provided by friends/family
 Child currently on waitlist for childcare Childcare reliably provided by unpaid friends/family
 Childcare reliably provided by paid friends/family Childcare provided by licensed provider
 Parent does not work, so they can care for child(ren) N/A

How often did you reduce or skip meals because there was not enough food or money? (Nutrition)

- Most Days 7-10 Days 1-2 Days Never

Food Pantry

- This food pantry has food that is useful and that I enjoy
 I am unable to use some of the food I receive because I do not know how to prepare it
 I am unable to use some of the food I receive because it is food I do not like
 This food pantry does not meet the needs of my household's dietary restrictions
 I visit more than 1 food pantry each month

Healthcare

- You or a household member are putting off medical/dental visits because you can't afford them
 You or a household member have gone to the Emergency Room in the last 6 months
 You or a household member do not have a regular medical or dental healthcare provider
 You or a household member have not seen a doctor or dentist in over 2 years

Abuse

- You or a family member have been exposed to abuse
Gillette Abuse Refuge Foundation (GARF) is a free and confidential resource for those experiencing abuse past or present. If you choose to reach out to GARF no legal or further action will be taken without your consent.
GARF: 307-686-8071
 No one in your family has been exposed to abuse

Are you registered to vote?

- Yes No

Do you need help getting a driver's license or social security card?

- Yes No