

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.

Applicant 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 or any family members 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) _____				
Is anyone disabled? <input type="checkbox"/> Yes ____ <input type="checkbox"/> No A=Applicant O=Other		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		
Please list all other family members								
Full Name			Date of Birth		Last 4 of Social Security Number			
What is the family’s 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 Household Income for the last 30 days. \$ _____ If income is zero, applicant must complete self-declaration.			
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*) _____

Applicant (Printed Name) _____ Signature _____ Date _____

Witness (Printed Name) _____ Signature _____ Date _____

Program Staff Use Only

<input type="checkbox"/> Applicant Proof of Identity		<input type="checkbox"/> All Household Members Social Security Numbers		<input type="checkbox"/> Proof of Residency	
<input type="checkbox"/> Copies of All Income for the Household during the last 30 days		% of Poverty Level ____%		Income Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Explanation of denial of services: Date of Letter ____/____/____ Letter Sent <input type="checkbox"/> Copy in File <input type="checkbox"/>		Unduplicated # of People Served ____ # of Services Provided ____	
Case Management Notes:					
Referral(s) made:					
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.