EASTERN CAROLINA HUMAN SERVICES AGENCY, INC.

Community Services Block Grant (CSBG) Application Instructions

What Must You Do First?

1. **Complete ALL applicable sections of the CSBG Application**. Applicants **MUST** reside in Onslow, Duplin, or New Hanover Counties to qualify for funding provided through ECHSA, Inc.

2. S**ave. Attach** a scanned copy of your NC Driver's License or state issued identification and social security cards for all household members related by blood, marriage, and/or adoption.
**If you do not have a social security card(s), click on or copy and paste the following link for instructions on how to obtain one: https://faq.ssa.gov/link/portal/34011/34019/Article/3755/How-do-I-apply-for-a-new-or-replacement-Social-Security-number-card*

3. **Submit your** digitally signed application with attachments via email to **csbg@echsainc.com.**

- Due to an anticipated high call volume and for faster, more efficient service; please direct all questions or concerns via email to csbg@echsainc.com.

- Please include your full legal name and a good contact phone number on all written correspondence.

What Happens Next?

A. Once a completed application is received; you will be contacted by a CSBG Team Member regarding your application status. Please notify us immediately, in writing, of any changes prior to.

B. You will be contacted by phone/email to schedule an interview. If you are unable to make the appointment, you must contact us prior to reschedule. Failure to do so, *as instructed*, may result in denial of your application.

C. During your appointment, you will be required to present/verify:

- Valid NC Driver's License or identification card
- Social Security Cards for all family members related by blood, marriage, and/or adoption
- Proof of **all** sources of income received (for all household members) for the 90 days prior to the date of enrollment *(exact dates will be provided to you by a CSBG Team Member)*. Verification of income can be in the form(s) of: check stubs, pay registers, notarized statements, award letters (i.e. Veterans Administration, SSI, SSA), child support received, copy of tax form if self-employed, retirement income, utility subsidy, etc.). All income will be calculated to determine if you qualify for enrollment based upon federal income eligibility guidelines.
- Failure to disclose/provide information may result in immediate refusal from the program.

D. Individual orientation will be provided. If it is determined that you qualify for the CSBG Program, you must be willing to work with your assigned CSBG Team Members and follow program guidelines to ensure the program's overall success!

Thank you for your interest in the Community Services Block Grant Program. For more information about CSBG and the other services ECHSA, Inc. provides, feel free to contact us or visit echsainc.com.

Helping others. Changing lives.

Community Services Block Grant Program
Basic Intake Form

Name _____ _____ _____ _____ **# in Household** Choose One **County** Choose One
Last **First** **MI** **Suffix**

Street Address _____/_____/_____ **Home Phone #** _____
City/State **Zip**

Mailing Address _____/_____/_____ **Other Phone #** _____
City/State **Zip**

E-mail Address_____ **Are you currently employed?** Yes **If yes, where?** _____ **Work Phone #** _____

Family Type: Choose One **Other:** ***(Please list)*** _____

Other *(Choose all that apply)*: Work Category (Choose one) Housing Status (Choose one) Health Coverage (Choose one) Other: Choose one

Monthly Income *(Choose one)*: Choose one
Do you receive direct financial support from family or friends? Yes **If so, how much? $**_____ **How often?** Choose one
Do you receive income from any other source not listed? Yes **If so, where?** _____ **How much?** **How often?** Choose one

Marital Status: Choose one **Primary Language:** English **Other: (please list)** _____

LIST ALL HOUSEHOLD MEMBERS *(Related by blood, marriage, or adoption)*

Last Name	First Name	MI	Last 4 digits of Social Security Number	Birthdate	Age	Sex	Race	Education	Disabled	Veteran	Relation to Applicant
			***-**-_____								Self
			***-**-_____								
			***-**-_____								
			***-**-_____								
			***-**-_____								
			***-**-_____								
			***-**-_____								

*****Valid social security cards for all household members must be presented prior to being added to the waitlist for enrollment*****

I hereby attest that the information I have provided on this intake form and any attachments is true and accurate to the best of my knowledge. I understand that this information is subject to verification and I realize that deliberate falsification or misrepresentation may result in the rejection of my application, and may subject me to prosecution under applicable State and Federal statutes. I further understand that this is only an application for services and that Eastern Carolina Human Services Agency, Inc. (ECHSA) is not obligated to provide assistance to me. I also understand that this program does not provide emergency assistance to applicants; however, once enrolled, I may qualify. I hereby give my consent for information contained on this form to be discussed and/or released to concerned social service agencies or other entities in order to make an accurate determination of my eligibility and complete the delivery of assistance to my household. By this consent, I shall hold ECHSA harmless for any liability that I may incur as a result of any disclosure made within the bounds of my consent and authorization.

Applicant Signature _____ **Date** _____

OFFICE USE ONLY

I hereby attest that I have reviewed and verified the identification of the applicant and the social security cards/numbers of the above listed household members.

ECHSA Staff Signature _____ **Waitlist Date** _____

I hereby attest that I provided above remains unchanged since the date I was added to the program waitlist OR that any changes have been entered on the reverse side of this form.

Participant Signature _____ **Enrollment Date** _____

I hereby attest that I have reviewed the required income documentation, compared the household income and family size to the most current poverty income guidelines, and certify that this household is income eligible to receive the services they are applying for.

ECHSA Staff Signature _____

-

Program: ☐ Self-Sufficiency ☐ CARES ☐ Other _____ **Enrollment Date** _____

Tell Us About Yourself

Name _____
Last **First** **MI**

Are you currently employed? ☐ Yes ☐ No **Are you enrolled in an educational program?** ☐ **Yes** ☐ **No**

Were you affected by COVID-19? ☐ **Yes** ☐ **No**

	What are your goals? *(Check all that apply)*	**What steps have you taken to meet your goals?**
☐	**Attend Training** *(CRC/HRD)*	
☐	**Go to School** *(GED/Associate/Bachelors/Graduate)*	
☐	**Gain Employment**	
☐	**Gain Better Employment**	
☐	**Increase My Income**	
☐	**Learn to Manage My Income**	
☐	**Maintain a Budget**	
☐	**Obtain Standard Housing**	
☐	**Maintain My Housing**	
☐	**Obtain Better Housing**	
☐	**Own My Own Home**	
☐	**Obtain Child Care**	
☐	**Obtain Food Assistance**	
☐	**Obtain Shelter**	
☐	**Obtain Transportation**	
☐	**Try New Choices to Improve My Life**	
☐	**Improve Parenting Skills**	
☐	**Other:**	

Reality Questions

1. **What do you see yourself doing in the next five (5) years?** _____
   _____
2. **How confident are you, on a scale of 1 to 5, with 5 being the most confident, that you will be successful in this program?** _____ **Do you foresee any obstacles standing in your way? If so, list them here:**
   _____

What types of assistance can CSBG provide that will aid you in reaching your goals? Circle all that apply:

- ☐ **Medical Assistance**
- ☐ **Utility Deposit/Assistance**
- ☐ **Employment/Job Readiness**
- ☐ **Fuel Assistance**
- ☐ **Financial Management**
- ☐ **Rent Deposit/Assistance**
- ☐ **Transportation**
- ☐ **Education Assistance**
- ☐ **Childcare Assistance**
- ☐ **Mortgage Assistance**
- ☐ **Personal Development**

Are you currently receiving assistance from any other sources? ☐ **Yes** ☐ **No** **If yes, please list:**
_____

I hereby attest that the information provided on this form is true and accurate to the best of my knowledge.

_____ _____
Participant's Signature **Date**

EASTERN CAROLINA HUMAN SERVICES AGENCY, INC.

PRE-ENROLLMENT AGREEMENT/SELF-SUFFICIENCY REQUIREMENTS

PROGRAM POLICY

As a participant in the program, you will be expected to work in conjunction and cooperation with program staff towards your goals. This may involve, but not be limited to, seeking/obtaining employment, obtaining job skills, obtaining educational goals, or making any other efforts that will prove beneficial to the family unit. The family's active participation in program activities will be required. In addition, all applicants eligible for enrollment must agree that should they be enrolled, they will attend and, if scheduling permits, complete certain trainings during the first sixty (60) days following enrollment. Applicants must also agree to attend a program orientation within the first thirty (30) days of enrollment. The only exception to this policy would be for those applicants that are already enrolled in school and/or that have employment wages above the minimum wage. Any other exemptions will be provided to you by a CSBG Team Member.

Some of the activities that my family and I are required to participate in include, but are not limited to:

Employment Services: •Job Search Activities/Referrals •Job Readiness •Mock Interviews •Interview Readiness

•Application Assistance •Resumes/Cover Letters •Preparation for Job Fairs •Referrals and Coordinated Services/Activities through the ESC, Vocational Rehabilitation, and other Employment Services Organizations
Educational Services: •Coordinated services with educational institutions •Obtaining skills/competencies required for employment •Career Counseling •Career Assessments/Profiles •Receiving Information and Referrals •Obtaining Degrees, ABE, GED, and/or other Certifications/Diplomas •Attending HRD/Continuing Education Classes
Income Management: •Budgeting •Credit Review/Repair Counseling •Debt Reduction Referrals•Tax Preparation Counseling/Referrals •Referrals for Obtaining Child Support •Income Management Counseling•Conservation tips to reduce utility cost •Provision of information and services that help to lower food costs & the cost of telephone services • Opening and maintaining a savings account

I have also been informed that should I become enrolled, I will: (Initial each)

— Affirmatively work to raise my household income above federal poverty income guidelines

— Attend and complete certain trainings during the first sixty (60) days following my enrollment.

— Immediately report all changes in household composition/family size, change of address and/or phone number

— Immediately report total family income (increases and/or decreases) upon case manager request

— Provide requested documentation in a timely manner as specified by my case manager

— Attend courses to improve employment skills

— Contact/meet with my case manager on a **bi-weekly basis** or as instructed for follow-ups and counseling

— Return signed referrals to my case manager within five (5) days of receipt

— Immediately report any services *(including emergency)* received from other human /social service agencies

— Submit proof of school attendance, transcripts, certificates, diplomas, etc. upon request

— Notify case manager of any changes in school attendance

— Report problems before they escalate

— Exhibit appropriate behavior toward staff and all others present at all times

— Provide accurate information - as providing false information is punishable by law

— Understand that failure to comply with the requirements may result in immediate termination without further notice

_____ _____

(Participant's Signature) (Date)

I, **CSBG Case Manager**, hereby agree to provide the necessary tools, as listed above, in an effort to assist this family in becoming economically and socially self-sufficient.

_____ _____

(Case Manager's Signature) (Date)

Program: ◯ Self-Sufficiency ◯ CARES ◯ Other _____

EASTERN CAROLINA HUMAN SERVICES AGENCY, INC.

237 New River Drive, Suite 1
PO Drawer 796
Jacksonville, NC 28541-0796
(910) 347-2151
FAX: (910) 347-1237

108 N. Kerr Avenue, Suite B1
Wilmington, NC 28406
(910) 762-0010
FAX: (910) 762-0030

1326 N. Teachey Road
PO Drawer 310
Wallace, NC 28466
(910) 285-5331
FAX: (910) 285-3506

COMMUNITY SERVICES BLOCK GRANT PROGRAM
AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, hereby authorize the following organizations to release information, as specified, below from my record as it pertains to me, or my family unit to ECHSA, Inc.

ORGANIZATION	INFORMATION REQUESTED
DEPARTMENT OF SOCIAL SERVICES	Verification of: Income, TANF, WFFA, Child Support, Financial Assistance, Food Stamps, Health Benefits, Follow-up on Referrals,
COMMUNITY COLLEGES	Verification of: Enrollment, Attendance, Grades, Tuition Assistance, Financial Aid, Completion of Courses, Follow-up on Referrals
OTHER COLLEGES OR LEARNING INSTITUTIONS	Verification of: Enrollment, Attendance, Grades, Tuition Assistance, Financial Aid, Completion of Courses, Follow-up on Referrals,
VOCATIONAL REHABILITATION	Verification of: Financial Assistance, Follow-up on Referrals,
FAITH-BASED ORGANIZATIONS	Verification of: Financial Assistance, Follow-up on Referrals,
EMPLOYMENT SECURITY COMMISSION	Verification of: Income, Wage, and Employment Information, Unemployment Compensation Benefits, Follow-up, Referrals,
MENTAL HEALTH/SUBSTANCE ABUSE PROGRAMS	Verification of: Follow-up on Referrals,
CHILD SUPPORT ENFORCEMENT	Verification of: Child Support, Health Benefits, Follow-up on Referrals,
SOCIAL SECURITY ADMINISTRATION	Verification of: SSI Benefits, Disability, Health Benefits, etc. Follow-up on Referrals,
SECTION 8 HOUSING PROGRAM	Verification of: Housing Benefits, Utility or other Financial Assistance, Follow-up on Referrals,
VETERAN'S ADMINISTRATION	Verification of: VA Benefits, Education Assistance, Health Benefits, Financial Assistance, Follow-up on Referrals,
EMPLOYERS AND OTHER	Verification of: Income, Employment, Rate of Pay, Work Hours, Health Benefits, Pay Cycles, Follow-up on Referrals,

I understand that the information may be requested and used for the purpose of: determining eligibility for enrollment, determining eligibility for services, determining continued eligibility, avoiding the duplication of services, coordinating services, and providing follow-up and/or referral services. I understand that the Authorization for the Release of Information will be utilized in order to request the information as listed above. This consent is given voluntarily and will remain valid and in effect for a period of one (1) year, unless I choose to revoke such authorization during this period. I further understand that I may do so at any time by signing as indicated below. I understand that the failure to provide requested information can lead to the ineligibility for enrollment, termination, or cause me to be ineligible for certain services. I also understand that the revocation of this authorization will not apply to information previously obtained or released with my consent.

_____ _____
Client's Signature **Date**

I, _____ do not further consent for the release of information, and hereby revoke this authorization, effective immediately.

_____ _____
Client's Signature **Date**

EASTERN CAROLINA HUMAN SERVICES AGENCY, INC.
Community Services Block Grant Program

VERIFICATION OF INCOME

To: _____ **Reference:** _____

_____ **Address:** _____

_____ _____

Attention: _____

To Whom It May Concern*:*

We are required to *verify the income of applicants/participants* for assistance from our agency.

To comply with this requirement, we ask for your cooperation in supplying the following income and/or WORKFIRST FAMILY ASSISTANCE PROGRAM information for the person listed above. This information will be held in ***strict confidence*** for use only in determining the eligibility status and/or in order to update the income information of the applicant/participant.

Below is a signed authorization for your release of this information to us. If applicable, a stamped envelope is enclosed for your convenience. Please mail, fax, or email this form to the location indicated below.

☐ Onslow County
P.O. Drawer 796
Jacksonville, N.C. 28541
Phone (910) 347-2151
Fax (910) 347-1237

☐ Duplin County
P.O. Drawer 310
Wallace, N.C. 28466
Phone (910) 285-5331
Fax (910) 285-3506

☐ New Hanover County
108 N. Kerr Avenue
Wilmington, N.C. 28401
Phone (910) 762-0010
Fax (910) 762-0030

☐ Email: _____

Sincerely,

Case Manager/Case Worker

I hereby authorize you to release information relating to my income to Eastern Carolina Human Services Agency, Inc. This authorization is granted to cover a period of one year from the date below.
SIGNED: _____ ***DATE:*** _____

☐ **OR** A SIGNED AUTHORIZATION FOR THE RELEASE OF INFORMATION IS ATTACHED

COMPLETE AS APPLICABLE

GROSS MONTHLY INCOME

SOCIAL SECURITY INCOME _____

WFFA _____

CHILD SUPPORT_____
Starting Date _____
Ending Date _____

OTHER (Specify) _____
Starting Date _____
Ending Date _____

EMPLOYMENT

COMPANY _____

Begin _____ Ended_____

Date that the first paycheck was or will be received: _____

Hours per week _____ Rate of pay per hr $ _____

Pay Cycle: ☐ Weekly ☐ Bi-weekly ☐ Bi-monthly ☐ Monthly

Does your company offer medical benefits? ☐ Yes ☐ No

If yes, when will the employee be eligible to receive medical benefits?

☐ Immediately ☐ Presently Receives ☐ After a specified date/time/period

Comments: _____

90-Day Gross Monthly Income: _____ thru _____

1st Month $_____

2nd Month $_____

3rd Month $_____

☐ Please include pay stubs/check register from _____ to _____

_____ _____
Signature/Title Date

Rev. 10/19