

## 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 30-90 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 <sup>th</sup> Grade ____ 9-12 <sup>th</sup> 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		
List all other household 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 30-90 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 30-90 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"/>			Is this allowable expense? <input type="checkbox"/> Yes <input type="checkbox"/> No
Case Management Notes:		Unduplicated # of People Served ____			# of Services Provided ____
Referral(s) made:					
Printed Staff Name:			Staff Signature:		Date:
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.					

**NOWCAP**  
**P.O. Box 158**  
**Worland, WY 82401 (307)**  
**347-4008 (fax)**  
**applications@nowcap.com**

NOWCAP  
PO Box 158  
Worland, WY 82401  
[applications@nowcap.com](mailto:applications@nowcap.com)  
(307) 347-4008 (fax)

## Emergency Assistance Information Sheet

### Proof of Identification for Applicant (2 forms required)

Acceptable forms include a copy of :

- \* Social Security Card - **Mandatory**
- \* State Picture ID
- \* Copy of **Certified** Birth Certificate
- \* Current Driver's License - Cannot accept expired ID

### Proof of Identification for all Dependents in the Household

- \* Social Security Card - **Mandatory**

**If you don't have a social security card for everyone in the household, you will need to apply for a new one before we will be able to process your application - NO EXCEPTIONS**

### Proof of Residency- Must submit one form

- \* Complete lease agreement that is signed and dated by yourself and the landlord
- \* Complete utility (gas, electric or water) bill in your name for your address - Phone and cable not accepted

### Proof of Income or Unemployment for Everyone 18 and Older in the Household

- \* If you are currently employed please send four (4) current, consecutive pay stubs.
- \* If you are unemployed but receiving unemployment benefits please send official letter that states your benefit amount.
- \* If you are unemployed and not receiving unemployment benefits you will need to register with Workforce Services at [www.wyomingatwork.com](http://www.wyomingatwork.com) and send your entire profile printout
- \* If you are receiving child support you need to provide a one year printout from child support enforcement for each child in the household.
- \* If you do not receive child support you will need to provide a written explanation as to why you do not receive it
- \* If you receive SNAP benefits you will need to provide the current benefit letter showing how much you receive every month
- \* If you receive SS or SSI you will need to provide the current benefit letter
- \* If you are self employed you will need to provide four (4) current, consecutive bank statements

### Copies of Bills You are Requesting Assistance With

- \* Past Due Rent - Must send a signed and dated letter from your landlord stating amount of past due rent and total owed, landlord's name, address and telephone number.
- \* First Months Rent & Deposit - Must send a signed lease agreement from your landlord stating the amount of the deposit and first month's rent and total owed, landlord's name, address and phone number.
- \* Utilities - Send a **complete copy** of your bill or the disconnect notice
- \* Medical Assistance - Send an itemized bill from the physician, hospital, dentist, eye doctor or pharmacy. We will need to know the nature of the illness.  
If you have not received the service yet, please send an estimate of charges from the doctor, eye doctor, or dentist you wish to see
- \* Bills not covered - Cable, Phone (house or cell), Internet, Taxes, Insurance, Groceries

**NOWCAP DOES NOT REIMBURSE THE CLIENT FOR BILLS ALREADY PAID!**

**\*IF YOU ARE GOING TO FAX YOUR ID'S YOU WILL NEED TO ENLARGE AND LIGHTEN THEM AS MOST OF THEM COME ACROSS BLACK. IF THIS IS THE ONLY WAY YOU HAVE TO SEND THEM PLEASE PUT A COPY OF YOUR ID'S IN THE MAIL**