NORTHERN TIER COMMUNITY ACTION CORP.

POST OFFICE BOX 389, EMPORIUM, PENNSYLVANIA 15834
VOICE: (814) 486-1161 / FAX: (814) 486-0825

DAVID GREENE
EXECUTIVE DIRECTOR

Dear Friends,

You have requested an application for a ramp to be built at your home. On behalf of the Kane District Ramp Ministry – Emporium Crew, I can say we are more than happy to help you with this request. It is truly a blessing for us to help folks with easier access to their homes.

Enclosed is an application packet from the Kane District Ramp Ministry along with a smaller packet from Northern Tier Community Action Corporation. The packet from Northern Tier is our request for additional information to satisfy the requirements of the grants we received to purchase tools and materials to allow our crew in Emporium to work locally without the need for the folks from Youngsville, Warren area to drive all the way here to do the builds.

In the Northern Tier packet is our standard client intake form and a CSBG Eligibility Determination/ Self-Declaration Form. Please complete the Client Intake form and sign on the backside. To satisfy the requirements of our grant funder, we need to collect income data. If you are able to provide us with documentation of your income – copies of pay stubs for the last 30 days, or copies of Social Security Awards letters showing your monthly SS payments, or whatever documentation you may have, you can include copies of those.

If you are unable to send copies as proof of your income, please complete the Self-Declaration Form and sign the bottom. Please know that all information we receive from you with regards to your income documentation is confidential and will remain in our files here at Northern Tier and not be shared with the any other organizations (this is only for our files**). Please know that your income level will not in any way affect whether or not we are able to help you. We just need it for reporting purposes.**

If you have any questions, please feel free to call me any time at 814-389-8597.
If you return the forms in the packet to me, we will process your application as quickly as possible.

Respectfully Yours,

Randall E. Metcalf
Cameron and Elk Counties Coordinator

Northern Tier Community Action Corporation

P.O. Box 389, 135 W. 4th St., Emporium, PA 15834
(814) 486-1161

DAVID J. GREENE
Executive Director

Intake Date _____ **Intake** _____ **ORS Staff Initials** _____ **Family Size** _____

Name	Social Security #	Date of Birth	Age	Gender (M / F)	Marital Status	Race	Relation to Head of Household	Type Employment (F/T, P/T, Unemployed)	Education (Highest Level Completed)	Disabled (Y / N)	Type of Medical Coverage
							Self				

Address

Street Address: _____

City, State, Zip: _____

Telephone: _____ **Township:** _____

County: _____ **School District:** _____

E-mail Address: _____

Income Type	Name of person receiving income	Monthly Gross Amount
		$
		$
		$
		$

(i.e.: Wages, Social Security, SSI, Child Support, TANF) **TOTAL: $ -**

Type of Housing

Own	☐	Rent	☐	Living with Relatives	☐
Mortgage	☐	Homeless	☐	Unrelated	☐

How long at this address? Years _____ Months _____

Occupant Information

# of Occupants		# of Children	
# of Handicapped		# of Elderly	
Primary Language		Food Stamps	Yes ☐ No ☐
Veteran	Yes ☐ No ☐	U.S. Citizen	Yes ☐ No ☐

Family Type

Single Parent Female	☐	Single Person	☐
Single Parent Male	☐	Two Adults/No Children	☐
Two Parent Household	☐	Other	☐

Family Income Level *(For Agency Use Only)*

Up to 50%	☐	101% to 125%	☐
51% to 75%	☐	126% to 150%	☐
76% to 100%	☐	151% and over	☐

HEAD OF HOUSEHOLD RACE / NATIONAL ORIGIN:

American Indian, Alaska Asian Bi-Racial I do not wish to furnish this information (Initials):

Black Hispanic White Other

I certify that to the best of my knowledge the information contained herein is true, correct and complete and that all the
All information contained on this document is used only for NTCAC purposes in accordance with the Privacy Act of 1974.

The Social Security Number is required to identify and retrieve service records. NTCAC does not discriminate on the basis

Client Signature **Date**

Agency Representative **Date**

AGENCY USE ONLY

SERVICE DATE
PROGRAM REFERENCE
PROGRAM ACTIVITY

RECERTIFICATION (Y / N) DATE
DATE ENTERED IN ORS
CSBG E (Y / N)

PROGRAM REFERENCE CODES

CC - CHILD CA
CM - CASE MA
EA - ENERGY A
FN - FOOD / NUTRITION
EFSP - EMERGENCY FOOD & SHELTER
HAP - HOUSIN PROGRAM
ESG-V EMERGENCY SOLUTIONS GRANT
ERAP - EMERGENCY RENTAL ASSISTANCE
O - OTHER

HP - HOUSING PROGRAM
HS - HEAD START
WZ - WEATHERIZATION

PROGRAM ACTIVITY CODES

AP - ALLEGHENY
CI - CRISIS INTER
DC - STATE (WZ)
FB - FOOD BANK
HC - HOUSING
CM - CASE MANAGEMENT
O - OTHER

MA - MORTGAGE ASSIST.
RA - RENTAL ASSIST.
UA - UTILITY ASSIST.
UR - USAGE REDUCTION

NOTES & COMMENTS:

Rev. 07/22

CSBG ELIGIBILITY DETERMINATION / SELF DECLARATION FORM

Applicant's Name _____

(optional) Address _____

Phone Number _____

Definition of Family Unit : Persons related by birth, marriage or adoption who reside together. Unrelated persons such as lodgers, foster children, wards or employees who reside with the family unit are separate family units. Emancipated minor children are also considered as separate family units when calculating income. Certification of foster children or wards of the court stating that the youth is a foster child or ward of the court, may include letters or documents from the court, children's service agency, welfare office, foster parents, or similar organization.

Frequency of Income Eligibility Determination: Following the initial determination of income eligibility, redetermination must be made every 12 months for persons receiving continuous service or at the beginning of each new contract year, whichever comes earlier. Redetermination is necessary if 90 days elapse before any service is provided. A redetermination of income is also necessary if there has been a 90 day period since last service was provided. Clients enrolled in intensive case management taking multiple program years to reach self-sufficiency must have their income eligibility determined each year. The initial income determination will determine eligibility until that client either reaches self-sufficiency or that client is no longer a client.

Income Eligibility Determination: _____ Family Size: _____

Total Family Income during the **past 90 days**: _____ INCLUDED

1) Salaries/ Wages …….. _____
2) Dividends/ Interest ……... _____
3) Unemployment ……. _____
4) Other Cash Receipts (SS, support, etc.)

_____ …… _____

EXCLUDED

5) Welfare Payments…… _____
6) Supplemental Security Income…….. _____
7) Social Security Disability …… _____
8) Training Program Stipends …… _____
9) Public Funds (for foster children/ families or wards of the court)…… _____

_____ x 4 = _____

TOTAL ANNUAL

CSBG Requirements for Eligibility……. _____

CSBG Eligible …….. _____

100% of Federal Poverty Guidelines……. _____

Economically Disadvantaged …… _____

If Eligible, Type of Acceptable Income Documentation (check one):

- ☐ 1. Salary or Wage Statements (ex. W2s) [Attach]
- ☐ 2. Statement signed and dated from the County Assistance Office) [Attach]
- ☐ 3. Statement signed and dated from the Social Security Administration [Attach]
- ☐ 4. Documentation of a family unit's welfare status based on ACCESS card from DPW [Attach]
- ☐ 5. Verification of income received from an agency providing subsidized day care services or subsidized housing [Attach]
- ☐ 6. Self Declaration – Applicant does not have verification of family income (Items #1 thru #5 above)

Show the applicant the chart which lists the federal poverty guidelines.

APPLICANT – I certify that my family's income information as listed above is correct.
If applicant is self-declaring family income (#6) – I also certify that my income in relation to family size does not exceed 125% of the federal poverty guidelines. I am not able to provide income verification because:

_____

_____

APPLICANT'S SIGNATURE (REQUIRED) DATE OF APPLICATION FOR SERVICES (mm/dd/yy)

_____

STAFF PERSON'S SIGNATURE (REQUIRED) DATE (mm/dd/yy)