

Self-Sufficiency Orientation





YVEDDI CSBG PROGRAM Orientation Form

Last Name		First Name		Middle Initial
Address				
City/State/Zip				
County				
Is this address <input type="checkbox"/> Temporary (friend, relative, shelter) <input type="checkbox"/> Permanent (Own, Rent)				
Telephone:		Cell:		
Email Address:				
Presented Two Forms of ID (Specify type on the Check list)				
Do you	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live with Family	<input type="checkbox"/> Live at a Shelter
	<input type="checkbox"/> Live with Friends	<input type="checkbox"/> Other:		
Veteran Status				

List Individual Household Members

Household Member	Social Security Number	Birth Date	Age	Race	Male/Female	Relationship to applicant	Highest Grade Completed	Marital Status

Please check any of the following service in which you have an interest:

- | | | |
|---|---|--|
| <input type="checkbox"/> Educational Training | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Homeless Services | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> DSS | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Career Planning |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Rental Assistance | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Food | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Other _____ | | |

Have you ever received service or been seen at YVEDDI CSBG for any reason? Yes No

Who referred you to YVEDDI CSBG? _____

What I want from the CSBG program is: _____

Goal 1: _____

Goal 2: _____

Goal 3: _____

Applicant Income: Please LIST all income and the source.

This includes employment, unemployment, child support, Work First, Social Security, etc.

Household Member	Income Source Or Employer Name	Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$

Does any family member in your home receive any of the following listed below:

Check	List	Comment	Amount
	Employment Income		\$
	Self-Employment		\$
	Unemployment		\$
	Social Security (SSA)		\$
	Social Security (SSI)		\$
	Section 8 Housing Vouchers		\$
	Utility Allowance		\$
	Grants/Scholarships/Financial Aid		\$
	Work First Benefits		\$
	Retirement/Pension		\$
	Child Care Vouchers		\$
	Child Support		\$
	Food Stamps		\$
	Medicaid/Medicare		\$
	Other _____		\$
Total Monthly Income:			\$

Do you have healthcare coverage? Yes No

CERTIFICATION AND WAIVER OF PRIVACY RIGHTS

“The Privacy Act of 1974 establishes certain regulatory guidelines for the collection and dissemination of information contained as a record on individuals participating in public/private service programs. In order to fully comply with the Act, our agency is required by law to have your consent to obtain information, and to release information, that will enable us to better serve your needs.”

This consent is valid for two (2) years from the date of signature. However, you may revoke this consent at any time.

I, _____, do hereby give my permission to YVEDDI CSBG to obtain, verify, and utilize this information to process my application for services.

I certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I may have to provide documentation to support it.

I am aware that I may be denied assistance if I am found ineligible or if I do not meet the program requirements. I understand I have the right to appeal any denial of service or assistance for which I may be eligible. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance.

I hereby grant permission and authorize any employer and any public or private institution to share information regarding my past and/or present financial situation in order to determine whether or not I am eligible for services. I allow release of information contained herein for purposes of verification.

Right to Appeal

If you have been denied services and/or discharged from the Community Service Block Grant (CSBG) Program offered through Yadkin Valley Economic Development District, Inc. (YVEDDI), you have the right to request an appeal. A written request must be submitted to the Community Service Director within 10 working days of the denial/discharge notice. A verbal request may be substituted in instances of proven lack of access to resources enabling you to submit the request in writing. Within 7 days of receipt of the request for an appeal from the person denied services, a hearing will be held at which time the applicant shall be given an opportunity to present evidence as to why the denial/discharge should be overruled. Within 7 days of the hearing, the person will receive notification of the grant recipient’s decision as to whether or not the applicant is eligible for services and/or reinstatement into the program.

Applicant’s Signature

Date

Staff Signature

Date

Mail Request an Appeal to Regina Chappell, YVEDDI Community Services Director
P. O. Box 309• Boonville, NC 27011
Ph.: (336) 367-3529

CSBG Customer Needs Assessment Form

Name:	
Case Manager:	
Date:	
<p><i>For each area check yes or no in the left column, record the family's current major concerns, problems, and needs in the spaces to the left. Ask the family to describe the situation as completely as possible. Try to fully understand the problem or need by asking questions such as: Is this a recent problem? How long has the situation been like this? Has it happened before? What do you think is causing the situation? What have you been able to do about it?</i></p>	
Does the family have any needs in the areas of:	
Financial Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Education/ Training <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	

Health/Nutrition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Inter-Relationships <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parenting <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal History <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Child Care Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any other needs that have not been addressed above?	

Family Goal Writing: Weaving the Web

Education

1. _____
2. _____
3. _____

Family

1. _____
2. _____
3. _____

3 Major Goals

1. _____
2. _____
3. _____

Transportation

1. _____
2. _____
3. _____

Housing

1. _____
2. _____
3. _____

New Budget

Expense Category	Monthly	Expense Category	Monthly
Housing		Education	
Telephone/Phone/Pager		Tuition/Loan	
Heating/Gas/Wood		School Books/Supplies	
Homeowner's/Renter's Insurance		Clothing	
Home Upkeep/Lawn Care		Purchases	
Rent/Mortgage		Laundry/Dry Cleaning (Outside Home)	
Property Taxes		Entertainment	
Electricity		Cable TV/Satellite	
Water Bills		Vacations/Weekend Travel	
Food		Magazines/Newspapers/Books	
Eating Out		Movies/Videos/Rentals/Music	
Lunches at School		Sports/Gym/Hobbies	
Household Supplies		Miscellaneous	
Groceries		Gifts (Holidays/Birthdays)	
Meat		Other (Toiletries, Etc)	
Work (Lunches/Snacks/Coffee)		Contributions (Church/Charities/Etc)	
Transportation		Pet Care	
Gas for All Vehicles		Life Insurance	
Maintenance (Tires/Repairs/Oil)		Alcohol	
Auto Insurance/Taxes		Beauty Shop/Barber	
Bus/Parking/Carpool/Car Payment)		Tobacco	
Medical		Business	
Eye Care/Dentist Care		Recurring Cost	
Doctor Visits		One Time Cost	
Health Insurance		Financial Expenses	
Prescription		Saving	
Childcare		Debt Payment	
Child Support/Alimony Paid		Banking Fees/Postage Fees	
Daycare/Sitters/Nursery			
Overall Total			\$