



Baca County Commissioners  
741 Main Street, Suite 1  
Springfield, CO 81073  
Telephone: (719) 523-6532 ~ Fax: (719) 523-6584

Glen R. Ausmus, Two Buttes, District I  
[sausmus@bacacountyco.gov](mailto:sausmus@bacacountyco.gov)

Shiloh Freed, Campo, District II  
[sfreed@bacacountyco.gov](mailto:sfreed@bacacountyco.gov)

Rick Butler, Pritchett, District III  
[rbutler@bacacountyco.gov](mailto:rbutler@bacacountyco.gov)

## Services Application

All applications must include the following:

- Drivers' License/ID for each adult in household
- Social security for every member in household
- Proof of income

If you are applying for assistance with **RENT**, please also include:

- Lease agreement or mortgage contract (Must be in applicant's name)
- Eviction or foreclosure notice

If you are applying for assistance with **UTILITIES**, please also include:

- Current bill (must be in household member's name)
- Shut-Off notice (must be in household member's name)

If you are applying for assistance with **MEALS**, please also include:

- Source of Meal that is being Provided

Name			Phone Number
Street Address			Mailing Address
City	State CO	Zip	Highest Grade Completed
DOB	Gender		Number of People in Household

**PLEASE LIST EACH HOUSEHOLD MEMBER, INCLUDING YOURSELF:**

Name	Relationship	Social Security #	DOB, Age
1.			
2.			
3.			
4.			
5.			
6.			

**I IDENTIFY AS:**

- Male       Female
- Other

**ETHNICITY: (optional)**

- Hispanic, Latino or Spanish Origin
- Not Hispanic, Latino or Spanish Origin

**RACE: (optional)**

- White
- Black or African American
- Native American/Alaskan
- Native Hawaiian or Pacific Islander
- Asian
- Multi-Race (any 2 or more)

**FAMILY TYPE:**

- Single Parent
- Two Parent Household
- Two Adults/No Children
- Single Person
- Non-related adults with Children
- Other \_\_\_\_\_

**HOUSING:**

- Own       Homeless
- Rent       Other \_\_\_\_\_

**HEALTH INSURANCE:**

- Medicaid     Medicare
- Direct-Purchase
- \_\_\_\_\_ State
- Children’s Health Insurance
- \_\_\_\_\_ State    Health
- Insurance for Adults
- Direct purchase
- Employment Based

**MILITARY STATUS:**

- Veteran
- Active Military

**WORK STATUS:**

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Farm Worker
- Unemployed (6 mos. Or less)
- Unemployed (longer than 6 mos.)
- Unemployed (Not in Labor Force)
- Retired

**OTHER INCOME SOURCE:**

- TANF
- SSI
- SSDI
- VA Service Connected Disability Compensation
- VA Non-Service Connected Disability Pension
- Private Disability Insurance
- Worker's Compensation
- Retirement Income from Social Security
- Pension
- Child Support
- Alimony or other Spousal Support
- Unemployment Insurance
- Earned Income Tax Credit
- Other: \_\_\_\_\_

**SOURCES OF INCOME:** (Please check all that apply)

- Employment ONLY
- Employment AND Other income source
- Employment, Other income source, AND Non-Cash Benefits
- Employment AND Non-Cash Benefits
- Non-Cash Benefits ONLY
- No Income
- Other Income Source ONLY
- Other (Please Specify)

**NON-CASH BENEFITS:**

- SNAP
- WIC
- LIHEAP
- Housing Voucher
- Public Housing
- Childcare Voucher
- Affordable Care Act Subsidy
- HUD-VASH
- Permanent Supportive Housing
- Other \_\_\_\_\_

**TOTAL HOUSEHOLD GROSS MONTHLY INCOME:**

**\$** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \_\_\_\_\_

# Authorization for Release of Information

Some sources of necessary information such as, mortgage companies, utility companies, local and government agencies, etc., require specific individual authorizations before releasing information concerning an individual. Verification of services rendered and further data collection throughout the year will be needed for CSBG reporting

I understand that state and federal laws mandate that applicants for public assistance furnish necessary information to assist in verifying statements and/or conditions and prevent misrepresentation and fraud. This release may be required so comparisons may be done regarding previous and present financial conditions. I understand that it is mandatory to give my consent to obtain necessary information and that failure to do so may result in the denial of my application.

**The Baca County Department of Human Services may need to contact any or all of the following agencies in reference to this application. Other agencies not listed may also be contacted in order to process this application.**

Electric Company	Landlord
City of Rocky Ford	La Junta Housing
City of La Junta	Rocky Ford Housing
Gas Company	Tri-County Housing
Opera House Pharmacy	Otero Housing
Ordway Pharmacy	Church Organization
Safeway Pharmacy	Salvation Army
Wal-Mart Pharmacy	Red Cross
R&R Pharmacy	Knight of Columbus
Valley Wide Health	Tri-County Family
AVRMC	Associated Charities
Doctors Office	Dentist/Dental Office
Otero Junior College	Colorado Workforce Center
Sears	BIG R
Wallace Oil	Otero Junior College
Retired and Senior Volunteer Program (RSVP)	Helping Hands

In recognition of this fact I, \_\_\_\_\_, hereby authorize the release of such information  
(Name, please print)

as is required by Baca County Department Of Human Services to consider my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# RESIDENCY DECLARATION

**Please complete one declaration per household member age 18 or over.**

In order to be eligible to receive the assistance you seek, you, as an applicant must be lawfully within the United States. Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing.

I, \_\_\_\_\_, swear or affirm under penalty of perjury that (check one):

- I am a United States citizen, or
- I am a non-citizen national of the United States, or
- I have an immigration status that makes me a "qualified alien"

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statutes § 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date