Baca County CSBG/CARES ACT Program Application

| Client's Na | me: | | | | | | | |
|---|---|---|--|---|--|-------------------------------------|-----------------------------------|--|
| | | Last | | First | | Middle | | |
| Sex: | Male_ | ===== | Female | DOB | Age | SSN_ | | |
| Address Info | ormation: | | | | | | | |
| Phone#: | | | Address Email_ | | | City | State | Zip code |
| Household | Size: | | _Household | d Yearly Inco | me: | FPL % | : 200% | Meets Criteria @ |
| If a family ha | | me, is the | | vit attached? COME SOUR | Yes CES: | No | RACE | : |
| Single PareSingle ParenTwo Parent ISingle PersoTwo Adults N | t Male Household n | | SNAP(food WIC (food A Housing As | Assistance)E Assistance)S | nemployment Ins ension | | Asian Ameri | or African American ican Indian e Hawaiian |
| HOUSING: | | EDUCA | TION LEVE | L:(adults 24 | & older) | MEDIC | AL COI | NDITIONS: |
| Own Rent Homeless Other | | | 2th/non grad | duate2-4 | Post Secondar Formal Educa | | Mac Impa Limi | petes ularDegeneration aired Hearing ted Mobility er |
| Ethr | nicity: | | Hea | aith insuranc | eYesN | 0 | | Disabled: |
| Hispanic/ Lati Non Hispanic | | | Privat | teMedicaid _ | _MedicareVA | . Benefits | | _YesNo |
| | | | | | alDentai/De RES ACT _ | | | |
| The Baca Co color, nationa this application | ounty CSB0 al origin, se on. I have f | 3 Progan ex, disabil filled out t | ns are availa lity, or sexua the applicati | able to all eligi al orientation. on truthfully a | ble Baca Cou I have read ar nd accurately. | nty Resid nd I accep I am ove | ents reg ot the co r 18 yea | pardless of race, nditions stated in |
| Applicant Si | gnature: | | | Dat | e: | | | X |

Baca County CSBG/CARES ACT Program Application

Grant Effective: January 1, 2022-December 31, 2022

BACA COUNTY PUBLIC HEALTH AGENCY

523-6621

All applicants must be a Baca County resident, unless recipients are students attending college, and parents are residents of Baca County. All applicants must be a Baca County resident for 90 days or longer. Bring proof of residency and Identification.

* Income level must be below 200% of Poverty Guidelines. Proof of income is necessary for all health applications & income amounts of all adults living together in the household must be listed.

CSBG funds will only pay up to \$400/person, per year. Any amount exceeding the \$400.00 voucher will be the responsibility of the applicant to settle. **CARES ACT FUNDS** Utilities <u>up to</u> \$300 or rent./mortgage <u>up to 300.00</u> Food \$100 or for a family of 4 or more \$150. One time only.

Must apply and be approved for each request. A specific piece of the CSBG funds must be listed before services are rendered. Two payees may be listed if one is a Doctor and one is a Pharmacy. Any request over the amount of \$400.00/person, will not be paid in full.

* Applications will be signed & dated by Baca County CSBG Program Manager upon receipt and, if approved, by the County Commissioners, you will have until December 31st of the same year to have the requested services completed. If services take place after the expiration date a new application will be required.

Baca County may pay for services dated one calendar month previous to the stamped date if specified on the application before approval.

- When applicable, insurance must be filed and payment received before paying with CSBG funds. CSBG funds can cover deductible amounts after insurance pays.
- * Approval for this grant will be determined by meeting qualification and availability of funds. Clients may be approved once every grant cycle (January 1 December 31) depending on availability of funds and if the consumer has not reached the funding cap of \$400.00.
- CSBG/ funds shall be used for medical doctors, eye doctors, dental services, hospital bills, prescriptions, glasses, corrective lenses, hearing aids, and mobility equipment. (over the counter medications and supplies are not included). Cares Act Funds Must be used for utilities, groceries (intended for food only no cigarettes, dog food etc) Rent or Mortgage payments.
- **CSBG funds are not typically awarded to juvenile applicants 18 years old and younger**, as most private and public insurances provide full coverage for juvenile participants. This does not mean that a juvenile applicant will not be considered for services.
- * Limitations of services Eye glasses and corrective lenses will be limited to every: 2 years unless the client has a documented degenerative eye condition. Clients may be required to provide proof of condition.
- In rare circumstances clients may be required to complete an Authorization to Release Health Care Information, in order for the CSBG manager to arrange payment with certain medical providers.
- If an applicant fails to complete an application or provides false statements during the application process, Baca County CSBG reserves the right to deny the applicant services for that year. •

Applicants that have been denied services have the right to appeal the denial. Applicants must present CSBG Manager in writing with intent to appeal and reason they feel the process was unfair or discriminatory within 30days of the denial. CSBG Manager will notify all CSBG Tripartite Board members with intent to appeal. A date will be set to allow clients to present their case before the CSBG Tripartite Board to make a decision on the appeal.