

**ROUTT COUNTY DEPARTMENT OF HUMAN SERVICES  
Community Services Block Grant (CSBG) Application**

Applicant (last and first name): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Mailing Address (include city & state, zip): \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Secondary Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Please list ALL members in your household (Beginning with yourself):**

First and Last NAME	SSN	Birth date	Relationship to Applicant	Photo ID provided?

**List ALL Household members who currently have income:**

First Name	Source(s) of Income: (Employment, Unemployment, SS Income, Retirement, etc)	Total Gross Monthly Income (Before Taxes)	Verification Provided?

Have you applied with Lift-UP?  YES  NO  
 Have you applied for other assistance?  YES  NO If yes, what type or from what organization? \_\_\_\_\_

What expense do you need assistance with?: \_\_\_\_\_  
 \_\_\_\_\_

How much assistance are you requesting?: \_\_\_\_\_

Will this assistance help you:  Seek Employment  Obtain Housing  
 (Check all that apply)  Maintain Employment  Maintain Housing  
 Remain independent  Maintain Transportation

How will you be able to meet your expenses next month and future months: \_\_\_\_\_  
 \_\_\_\_\_

.....  
***I certify that the information supplied herein is true, accurate, and complete to best of my knowledge.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION:** Please complete demographic information for each adult in your household.

Name: \_\_\_\_\_

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Are you disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Your Age:</b> <input type="checkbox"/> 18-23 <input type="checkbox"/> 24-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-69 <input type="checkbox"/> 70+	<b>Family Size:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	
<b>Your Race:</b> <input type="checkbox"/> Black <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Not Hispanic, Latino or Spanish origin	<b>Which best describes your family?</b> <input type="checkbox"/> Single Parent – Female <input type="checkbox"/> Single Parent – Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Adult <input type="checkbox"/> Two Adults / No Children <input type="checkbox"/> Other
<b>Your Education Level:</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9/12 (Non-graduate) <input type="checkbox"/> High School Graduate / GED <input type="checkbox"/> 12+ (Some post-secondary) <input type="checkbox"/> 2 or 4 years (college graduate)	<b>Source of Family Income (mark all that apply):</b> <input type="checkbox"/> No Income <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Social Sec. <input type="checkbox"/> Pension <input type="checkbox"/> General Assistance <input type="checkbox"/> Unemployment Ins. <input type="checkbox"/> Employment + other source <input type="checkbox"/> Employment only <input type="checkbox"/> Other	
<b>Do you have health insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Housing:</b> <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other	

Name: \_\_\_\_\_

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Are you disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Your Age:</b> <input type="checkbox"/> 18-23 <input type="checkbox"/> 24-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-69 <input type="checkbox"/> 70+	<b>Family Size:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or more	
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<b>Do you have health insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Housing:</b> <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other	

**AGENCY USE ONLY**

REFERRING AGENCY: \_\_\_\_\_

WORKER: \_\_\_\_\_

Please complete this checklist – if you cannot mark all four options, then client is not eligible.

<input type="checkbox"/> At 125% FPL or less	<input type="checkbox"/> Routt County resident	<input type="checkbox"/> Unforeseen emergency	<input type="checkbox"/> Promotes self-sufficiency
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Which program area is this for:

FPL% is \_\_\_\_\_

- Medical** - Eligible expenses are: dental, vision, mental health and medical care including prescription costs (to remove barriers to initial or continuous employment).
- Housing** - Eligible expenses are: Mortgage and rental payments, Emergency Utility payments, emergent housing and utility needs.
- Services Supporting Multiple Domains** - Eligible expenses are: Auto repair and purchase, bus passes, bus transport, car insurance and car payments, and other emergent needs

**Notes/Comments:**

Approved    Denied

CASEWORKER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **CSBG Application Checklist**

To allow us to process your CSBG application accurately and timely, please provide the following items with your completed application:

- Valid Government issued photo ID
- SSNs for all household members on application
- Bills being considered for payment
- Lease, mortgage, or landlord statement with contact info, if rental assistance is requested
- Income verification for last 30 days; including earned, unearned, and/or self-employment profit and loss statement, gifts, loans, or financial help.

**If the above items are not provided at the time of application, it will delay the approval and may result in a denial of the application.**