



## Harford Community Action Agency, Inc.

1321-B Woodbridge Station Way, Edgewood, MD 21040

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1010 Gateway Road, Edgewood, MD 21040

Phone: 443-456-3629 • Fax: 443-456-3631

[www.harfordcaa.org](http://www.harfordcaa.org)

### UNIVERSAL PROGRAM APPLICATION

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Other Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Check one that applies:       Renter     Homeowner     Homeless     Other \_\_\_\_\_

Check one that applies:       Apartment                       Townhouse                       Single Family Home                       Mobile Home     Shelter

Do you receive reduced rent through help from HUD or Subsidized Housing (Section 8)?     YES     NO

Is Heat included in your rent?     YES     NO

Do you receive Food Stamps?     YES     NO              If YES, how much do you receive \$\_\_\_\_\_ per month

Are you or anyone in your family unemployed?     YES     NO \_\_\_\_\_

Do you or anyone in your household need any of the following assistance:

Energy Assistance               SNAP               Rapid Rehousing               Shelter Placement               Food Education/Classes

TOTAL NUMBER OF HOUSEHOLD MEMBERS: \_\_\_\_\_

In spaces below, please fill in ALL household members. List yourself first.

Please use the following choices for "RACE":

- 1. American Indian/Alaskan Native
- 2. Asian
- 3. Black/African American
- 4. Multi-Race
- 5. Native Hawaiian/Pacific Islander
- 6. Other
- 7. White

First and Last Name	Social Security Number	Date of Birth	Relationship to Applicant	Sex M/F	Race Code	Hispanic/Latino Yes/No	Marital Status	Disabled Yes/No	Citizen Yes/No	Veteran Yes/No	Highest Level of Education	Type of Health Insurance	Type of Income

**Client Agreement:**

I declare that the information I have provided Harford Community Action Agency (HCAA) is true, correct and complete. I understand that when this application is signed, permission is given to the HCAA to check all household income, bank accounts, housing expenses, insurance, and other benefits.

If I currently receive or have ever received benefits from the programs administered by the Harford County Department of Social Services (DSS), by signing this application, I give permission to the DSS to share with HCAA any information in my DSS case file needed to complete this application. Such information includes, but is not limited to, household members, income, expenses, resources, child support payments, etc.

I acknowledge that my application information will be stored digitally in the agency database: CAP60. This information will be maintained with the utmost confidentiality, and only HCAA staff will have access to individual files within the database.

Maryland law protects against fraud. Punishment can occur for not telling the truth when applying for assistance from any HCAA program.

Harford Community Action Agency, Inc. prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

**Grievance Process:**

If the client wishes to file a grievance, they may do so in writing to the Executive Director stating the situation and their concerns.

The Executive Director must set up an appointment with the client within 14 days of receipt of the letter of grievance to discuss the grievance and reach a solution.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Intake Worker**

