



UNIVERSAL PROGRAM APPLICATION

Part I: Contact Information

Date: ____/____/____

Applicants / Head of Household Full Name :

E-mail:

Phone Number:

Full Address:

Check one that applies:

☐

Renter

☐

Homeowner

☐

Homeless

☐

Other: _____

Check one that applies:

☐

Apartment

☐

Townhouse

☐

Single Family Home

☐

Mobile Home

☐

Shelter

☐

Other: _____

Part II: Home, Utility, and Assistance Information

1. Do you receive reduced rent or a housing voucher from HUD or Subsidized Housing (Section 8?)

☐

Yes

☐

No

2. Is Heat included in your rent?

☐

Yes

☐

No

3. Do you receive Food Stamps benefits (SNAP)?

☐

Yes

☐

No

- If YES, how much do you receive \$_____ per month?

4. Are you or anyone in your family unemployed?

☐

Yes

☐

No

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

☐

Energy Assistance

☐

SNAP

☐

Rapid Rehousing

☐

Shelter Placement

☐

Food Education/Classes

Part III: Household Members and Demographics

Total Number of Household Members: _____

Please use codes listed below

	Last Name	First Name / M.I.	Date of Birth	Relation to Applicant	Marital Status	Disabled	Citizen	Gender	Race	Ethnicity	Education	Health Insurance	Job Status	Military Status
Applicant			__/__/__			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
2.			__/__/__			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
3.			__/__/__			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
4.			__/__/__			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
5.			__/__/__			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
6.			__/__/__			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
7.			__/__/__			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							

Gender Codes:

- | | |
|--------------------|--------------------------|
| 1. Male | 5. Gender Non-Conforming |
| 2. Female | 6. Non-Binary |
| 3. Transgender MTF | 7. Other |
| 4. Transgender FTM | |

Race Codes:

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

Ethnicity Codes:

1. Hispanic/Latino
2. Non-Hispanic/Latino

Education Codes:

- | | |
|---------------------|------------------------------|
| 1. 0-8 | 5. 12 + Some Post Secondary |
| 2. 9-12/Non-Grad | 6. 2 or 4 years College Grad |
| 3. High School Grad | 7. Other |
| 4. CED | |

Health Insurance Codes:

- | | | |
|-------------|---------------------|----------------|
| 1. None | 4. Employment-based | 7. State Child |
| 2. Medicaid | 5. Military | 8. Other |
| 3. Medicare | 6. State Adult | |

Military Codes:

1. No Affiliation
2. Veteran
3. Active

Job Status / Employment Codes:

- | | | |
|---------------------------|---|------------------------------------|
| • FT - Employed Full-time | • US - Unemployed Short-term (six months or less) | • NL - Not in Labor Force |
| • PT - Employed Part-time | • UL - Unemployed Long-term (six months or more) | • R - Retired |
| | | • M - Migrant Seasonal Farm Worker |

Part IV: Declaration of Income and Benefits

Below please report GROSS Income for entire household (Amounts Before Taxes and Insurance)

Household Member Name	Source of Income	Amount per month
		\$
		\$
		\$
		\$
		\$
		\$

Total Household Income for 30 Days	\$
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Sources of Income:

- Employed
- SSI (Social Security Income)
- Child Support
- Unemployed
- TCA (Temporary Cash Assistance)
- Self-Employed
- Social Security
- TDAP (Temporary Disability Assistance Program)
- Other _____

Check (✓) if your household has NO INCOME

____ I certify that there has been NO INCOME in the last 30 days.

- How do you pay rent/mortgage? _____
- How do you pay your utilities? _____
- How do you pay for food? _____
- How do you pay for non-food items? _____
o (clothing/personal items)



Harford Community Action Agency, Inc.
1321-B Woodbridge Station Way, Edgewood, MD 21040
Phone: 410-612-9909 • Fax: 443-372-5695
www.harfordcaa.org

Part V: Certification

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 Chief Executive Officer (CEO) stating the situation and their concerns. The CEO 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.

I swear (or affirm) that all information on this declaration is true, correct and complete to the best of my ability, knowledge and belief.

Head of Household Signature _____ Date ____/____/____

CONSENT FOR RELEASE OF INFORMATION

This form authorizes information to be released from the Local Department of Social Services to the Community Based Organization and Customer.

I, (customer's name) _____, authorize the Family Investment Administration to release all information contained in, and concerning the status of, my application/redetermination for Public benefits, as a resident of the State of Maryland, to the following agency:

Harford Community Action Agency, Inc. 1321 B Woodbridge Station Way, Edgewood, MD 21040
Name of Community Based Organization **Address**

This information may be released to the following person (s):

<u>Tara Phillips</u>	<u>SNAP Coordinator</u>	<u>tphillips@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Courtney Insley</u>	<u>SNAP Associate</u>	<u>cinsley@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Deven Chona</u>	<u>SNAP Associate</u>	<u>dchona@harfordcaa.org</u>	<u>#410-612-9909</u>
<u>Damon Presberry</u>	<u>SNAP Associate</u>	<u>dpresberry@harfordcaa.org</u>	<u>#410-612-9909</u>
Name (please print)	Staff Position	Email	Phone

<u>Kim Neely</u>	<u>Chief Operating Officer</u>	<u>kneely@harfordcaa.org</u>	<u>#410-612-9909</u>
Name (please print)	Supervisor /Position Title	Email	Phone

Name of applicant/recipient (please print)

Date of Birth or

CID#

Signature of applicant/recipient or authorized representative

Applicant/recipient Social Security Number- (No CID#)

Date

Return completed to Sender.

This form is valid for 12 months from the date of signature. Note: this consent may be revoked by the customer, in writing, at any time except to the extent that action has been taken in reliance upon it.

