

PLEASE READ

The CAP Office might **NOT** be able to provide *immediate* assistance.

You might be required to participate in financial, job or other case management programs in order to receive services, including emergency assistance.

IMPORTANT

Please bring **all** documents to your appointment. If you are missing **any** documentation, you will have to re-schedule to the next available appointment. A delay(s) in the application process may result in a lack of funding to assist you.



Gila County Community Action/Housing Services

5515 S. Apache Avenue, Suite 200

Globe, AZ 85501

Phone: (928) 425-7631



Completing this form does not guarantee an appointment or assistance. Please complete all information requested on this form and return it to the CAP office. Your actual service appointment will be scheduled based on openings.

Print Name: _____ Email Address: _____
 Residential Address: _____ City, State Zip Code: _____
 Mailing Address: _____ City, State Zip Code: _____
 Phone#:(____) _____ Cell#:(____) _____ Message # (____) _____

Marital Status: Never Married Married Separated Divorced Widowed

Is anyone in the household disabled? No Yes - If yes, who? _____

Date you came to Gila County (month/day/year): ____/____/____ Date you moved to Arizona (month/day/year): ____/____/____

PLEASE PRINT - List EVERYONE who lives in your residence, starting with yourself.

BE SURE TO LIST EVERYONE IN THE HOME				Sex: M or F	Relation- ship to you	Social Security Number	Age	Date of Birth	Race/ Ethnicity	Veteran: Y or N	Disabled: Y or N	Medical Insurance type: AHCCCS, Private, VA or None	Education: Diploma, GED, Degree or put the last grade completed
Last	First	Middle	Int.										
					SELF								

Sources of income (example: Social Security/SSI, Unemployment, Child Support, Alimony, Pension, V.A., Cash Assistance, Employment, etc.)

Received by (family member name)	Source = Name of Employer, Child Support, etc.	GROSS Monthly Amount
		\$
		\$
		\$
		\$
		\$
	Total	\$

Are you currently working? No Yes - If yes, how many hours a week do you work? _____

Have you ever received assistance from C.A.P in Gila County? No Yes - If yes, what year were you assisted? _____

Do you receive Food Stamps? Yes No

What do you need assistance with? Rent Mortgage Electric Gas Propane Other _____

Do you have a shut off notice from a utility company? No Yes - what? Electric Gas Other Disconnect Date: _____

Do you have a rent eviction notice, late notice for rent, or foreclosure notice? No Yes - If yes, what date? _____

Do you live in subsidized housing? (HUD Housing, Section 8, etc.) Yes - If yes, how long? _____

Do you rent your home? Yes No

Type of residence: Mobile Home House Apartment Other, explain _____

Self Sufficiency Matrix

Instructions: Please circle the appropriate level for your household's situation at this time. Circle only **ONE** response per category. Enter today's date (mm/dd/yy) in one box below each response.

Housing	Income	Food	Empowerment	Financial Management	Childcare
Household is in safe, affordable, home they own (10) ***** Household is in safe, affordable, unsubsidized rental housing of choice (9)	Income is sufficient, well managed, has extra income and is able to save (10) ***** Income is sufficient and well managed (9)	Can shop at store of choice and purchase any food items desired (10) ***** Can choose to shop at store of choice (9)	Employed 32+ hrs per week in field of choice, good pay w/benefits, opportunities for advancement, stable employer (10) ***** Employed 32+ hrs weekly, good pay w/benefits (9)	Excellent and demonstrated understanding of financial management techniques (10)	Able to choose and afford quality childcare of choice and has one or more backup plans (10) ***** Able to choose and afford quality childcare of choice (9)
date date date Household is in safe, affordable, unsubsidized housing (8) ***** Household is in safe subsidized housing (7)	Can meet basic needs without subsidies and has appropriate spending & money management (8) ***** Can meet basic needs without subsidies but has some money management issues (7)	Can meet all basic food needs without assistance (8) ***** Can usually meet basic food needs – receives occasional food assistance (7)	Employed 32+ hrs per week, adequate pay and opportunities for building skills (8) ***** Employed 32+ hrs weekly with adequate pay but no benefits (7)	Good understanding of financial management techniques (8)	Reliable extended family or friend provides childcare (8) ***** Reliable, affordable childcare is available – with or w/out subsidy (7)
In stable housing that is marginally affordable (6) ***** In stable housing that is marginally safe or adequate (5)	Can met basic needs with minimal subsidies/assistance (6) ***** Can meet basic needs with multiple subsidies – Food Stamps, Childcare, AHCCCS (5)	Receives partial food stamps or subsidies to meet basic food needs (6) ***** Eligible for partial food stamps or subsidies but not receiving them (5)	Working less than 32 hours per week (6) ***** Under-employed for skill/educational level or temp job (5)	Some knowledge of financial management techniques (6)	Affordable, subsidized childcare is available – no barriers (6) ***** Affordable, subsidized childcare is available but has barriers-limited hours, difficult to access, etc. (5)
Transitional/temporary housing (friends/relatives) and/or current rent is unaffordable or unsafe (4) ***** Legal threat of eviction (5-day notice, writ) (3)	Inadequate income with appropriate spending (4) ***** Inadequate income and spontaneous or inappropriate spending - bills often delinquent (3)	Total reliance on food stamps or other food subsidies to meet basic needs (4) ***** Unable to meet basic food needs –unaware of food stamp program or other food subsidies (3)	Unemployed, good work history/skills, seeking employment (4) ***** Unemployed with limited job skills/work history and/or poor work history; seeking employment (3)	Minimal knowledge of financial management techniques (4)	Childcare is unreliable or unsafe (4) ***** Childcare if unaffordable (3)
In an emergency shelter (2) ***** Homeless (1)	No income with prospects/pending income (2) ***** No income and no prospects of income (1)	Has no food or subsidies (2) ***** Has no food or subsidies and limited ability/means to prepare or cook food (1)	Unemployed, not seeking employment (2) ***** Unemployed and unable to work (1)	No knowledge of financial management techniques (2)	Childcare not accessible or child ineligible (2) ***** Childcare not available (1)

Transportation	HealthCare	Community/Family	Education	Mental Health/ Substance Abuse	Utilities
<p>Transportation is readily available and client has alternative methods of transportation or multi-vehicle family. (10)</p> <p>*****</p> <p>Transportation is readily available and affordable for all needs (9)</p>	<p>Affordable private medical coverage with low co-pays and deductibles; dental and prescription coverage also available (10)</p> <p>*****</p> <p>Affordable private coverage for medical insurance with low co-pays and deductibles (9)</p>	<p>Good parenting/relationship skills; strong immediate and extended family relations and support, actively involved in the community (10)</p> <p>*****</p> <p>Good parenting/relationship skills (9)</p>	<p>Advanced degree or completed college and has specialized certification (10)</p> <p>*****</p> <p>Bachelor's Degree (9)</p>	<p>No prior history of substance abuse, does not use illegal substances. No history of mental health issues (10)</p> <p>*****</p> <p>Does not use illegal substances or abuse alcohol; no history of substance abuse or mental health issues in past 12 months (9)</p>	<p>Always able to make utility payments on time and utility costs affordable (10)</p> <p>*****</p> <p>Always able to make utility payments on time (9)</p>
<p>Transportation is generally available and reliable for basic needs (8)</p> <p>*****</p> <p>Transportation is generally available and reliable for basic needs; vehicle is not insured or may be in need of repairs (7)</p>	<p>Able to afford private insurance and obtain medical care when needed but strains budget (8)</p> <p>*****</p> <p>Household covered by unaffordable private insurance (7)</p>	<p>Actively participating in counseling or supportive services, if needed (8)</p> <p>*****</p> <p>If domestic violence or child abuse, separated from the abuser, acknowledges problem (7)</p>	<p>Completed Associate's Degree, vocational training/certification program (8)</p> <p>*****</p> <p>Currently attending vocational training, college, or certification program (7)</p>	<p>No history of mental health or substance abuse problems within the past 12 months (8)</p> <p>*****</p> <p>Currently receiving mental health or substance abuse services – functioning adequately or minimal impairment (7)</p>	<p>Utilities included in rent and rent is current (8)</p> <p>*****</p> <p>Utility bills are current with past history of late payments or shutoff's (7)</p>
<p>Transportation is inconvenient – takes a long time or more than one transfer (6)</p> <p>*****</p> <p>Transportation is available but limited (5)</p>	<p>Receives services on a sliding fee scale or accesses occasional prescription/medical assistance (6)</p> <p>*****</p> <p>Household covered by Federal/State medical insurance programs (5)</p>	<p>Family members have begun to receive assistance – entered case management, or have taken steps to improve family functioning (6)</p> <p>*****</p> <p>Family members open to working towards resolving issues (5)</p>	<p>High School graduate (6)</p> <p>*****</p> <p>GED (5)</p>	<p>Currently functioning adequately and interested and willing to address mental health or substance abuse issues (6)</p> <p>*****</p> <p>Recent history of mental health issues and/or substance abuse but currently functioning adequately – no current services being received (5)</p>	<p>Utility bills past due (6)</p> <p>*****</p> <p>Utility bills past due with a history of late payments and/or carrying balance over from month to month (5)</p>
<p>Has a vehicle but no insurance and/or license – Reliance on bus tickets (4)</p> <p>*****</p> <p>Transportation is unreliable, unaffordable or heavy reliance on friends or family (3)</p>	<p>Some household members have medical coverage (4)</p> <p>*****</p> <p>No medical insurance coverage- no current health issues (3)</p>	<p>Marginal parenting/relationship skills (4)</p> <p>*****</p> <p>Poor parenting/relationship skills – Unaware of negative family dynamics (3)</p>	<p>Completed some high school – no GED (4)</p> <p>*****</p> <p>Completed some high school – limited reading and writing ability – no diploma or GED (3)</p>	<p>Mental Health/substance abuse affects some areas of essential life activities (4)</p> <p>*****</p> <p>Difficulties functioning in most essential life activities due to mental health problems and/or substance abuse - unwilling or unable to seek services (3)</p>	<p>Disconnect notice or 5-day notice if utilities included in rent (4)</p> <p>*****</p> <p>Door hanger or imminent shutoff (3)</p>
<p>Inoperable vehicle or lacks money for bus (2)</p> <p>*****</p> <p>No means of transportation and not near a bus route (1)</p>	<p>No means to fill immediate needed prescriptions (2)</p> <p>*****</p> <p>No medical coverage with immediate unmet health issues (1)</p>	<p>Little family, friends, church or community support – socially isolated (2)</p> <p>*****</p> <p>Abusive relationships, child domestic violence, child abuse/neglect (1)</p>	<p>Less than 8th grade education – no GED (2)</p> <p>*****</p> <p>Less than 8th grade education – no GED – learning disabled, literacy problems or language barriers (1)</p>	<p>Non-compliant with medications – mental health or substance abuse issues seriously impacts all areas of functioning; denial of problems (2)</p> <p>*****</p> <p>Danger to self or others, severe substance abuse or mental health issues (1)</p>	<p>Needs utility deposit to connect utilities in new residence (2)</p> <p>*****</p> <p>One or more utilities shutoff – history of shutoff's or homeless (1)</p>

GILA COUNTY COMMUNITY ACTION PROGRAM

107 W. Frontier St, Suite C

Payson, AZ 85541

Phone: (928) 474-7192 Fax: (928) 468-8056

5515 S. Apache Ave, Suite 200

Globe, AZ 85501

Phone: (928) 425-7631 Fax: (928) 425-9468

PLEASE TEAR OFF AND KEEP THIS PAGE

Additional information that may be required in order to receive services from CAP:

1.	State issued birth certificate or passport for applicant only. This is a FEDERAL LAW requirement. If you do not have one of these documents for the head of the household, services may be denied.
2.	Photo ID of applicant.
3.	Social Security card(s) for everyone in the household.
4.	A letter from the applicant explaining the crisis: briefly explain what put you in this position and how you will be able to meet your future obligations.
5.	Verification of ALL household income for the last 30 days, including the day of application. (Wages, pay/check stubs, odd jobs, award letters, child support, unemployment insurance, SS, SSI, SSD, etc.).
6.	Nutrition Assistance (Food Stamps) verification. Provide the most recent letter from DES/FAA showing the benefit amount. Or, you can go online to www.AZMyFamilyBenefits.gov and provide a printout of the benefits. If you are not able to go online, speak to the CAP case worker. DES/FAA will NOT provide printouts.
7.	Applicant's most RECENT electric and gas/propane bills. For deposit assistance, provide a document from the utility company that gives the account number and amount.
8.	Proof of rental or home ownership (rental agreement or mortgage payment and proof of monthly amount due). The amount due must list each charge separately.
9.	Eviction notice or warning of landlord's intent to evict, reason of eviction, amount due and number of months owed. The amount due must list each charge separately.
10.	Verification of recent loss of income: last day worked, date and gross amount of last 30 days of pay.
11.	Verification of how the household has been existing for the last 30 days without income.
12.	Statement from new employer verifying: first day of employment, rate of pay, average number of hours expected to work per week, expected date of first pay, and pay schedule.
13.	DES/Job Services activity report.
14.	Written statement from doctor for non-work status.
15.	Other: _____