

Westmoreland Community Action Central Intake Form



Name: _____ Date of Service: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____
to help with the unduplicated count of our clients

Address: _____
Street Address City State Zip

Primary phone #: _____ Secondary phone #: _____

Head of Household: YES NO E-Mail: _____

Household Size (#): _____ please list all household members. List additional names on separate sheet.

Name (do not list yourself)	Relationship	Soc. Security #	Date of Birth	Gender	Race
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	
				<input type="checkbox"/> M <input type="checkbox"/> F	

Individual Information: check information for enrolling individual

Gender: Male Female Gender Diverse (*gender non-conforming and/or transgender*)

Housing Status: Own Homeless Rent Other permanent Housing
 Generational Living Unknown Other: _____

Race: (check one box)

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- American Indian/Alaskan Native & White
- Native Hawaiian/Native Hawaiian
- Black/African American & White
- Asian & White
- Multi-Race (two+ of above)
- Other
- Don't Know
- Refused

Military: Active Military
 No Affiliation Veteran

Ethnicity:
 Hispanic/Latino
 Non-Hispanic or Latino

WORK STATUS:

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Farm Worker
- Unemployed (short term <6 months)
- Unemployed (long term 6+ months)
- Retired
- Unknown

Education: (Adults 24 & older only)
Choose the highest grade completed

- 0-8
- 9-12 / Non graduate
- High School Graduate
- GED
- 12+ some Post-Secondary
- 2 or 4 year College Graduate

Health Insurance:

- None
- Direct-Purchase
- Military
- State Children
- Unspecified
- Medicare
- Medicaid
- Employment Based
- State Adult
- Other: _____

Program Applying For:

- Emergency Services
- Food Pantry
- Hygiene Items
- Food Distribution
- Dollar Energy Program
- Vouchers/Other: _____
- Head Start
- Early Head Start
- Pre-K
- Housing Counseling
- Money Management Center
- M3 (Mother's Making More)
- Women Making More
- Permanent Supportive Housing
 - Families
 - New Foundations
 - Pittsburgh Street House (Vets)
 - Transitional Age
 - Shared Housing
- VITA
- Work Ready

Disabled:

Yes No Unspecified

Sources of Income: (please list amounts)

- Employment \$ _____ per month or year
- Unemployment \$ _____ /month
- Child Support \$ _____ /month
- Social Security \$ _____ /month
- SSI \$ _____ /month
- SSD \$ _____ /month
- TANF \$ _____ /month
- Food Stamps \$ _____ /month
- Pension \$ _____ /month
- Other: _____
- No Income

Household Information: check information about your household (including yourself)

Non-Cash Benefits: *Check all that apply*

- TANF
- Supplemental Security Income (SSI)
- Social Security Disability Income (SSDI)
- VA Service-Connected Disability Pension
- VA Service-Connected Disability Compensation
- Private Disability Insurance
- Worker's Compensation
- Retirement Income from Social Security
- Pension
- Child Support
- Alimony or other Spousal Support
- Unemployment compensation
- EITC
- Other
- Unknown / Not Reported

Other Income Source: *Check all that apply*

- SNAP
- WIC
- LIHEAP
- Housing Choice Voucher
- Public Housing
- Permanent Supportive Housing
- HUD-VASH
- Childcare Voucher
- Affordable Care Act Subsidy
- Other _____

Sources of Household Income: *Check all that apply*

- Income from Employment Only
- Income from Employment and Other Income Source
- Income from Employment, Other Income Source, & non-cash benefits
- Income from Employment and Non-Cash Benefits
- Other Income Source Only
- Other Income Source and Non-Cash Benefits
- No Income
- Non-Cash Benefits Only
- Unknown/not reported

Disconnected Youth: # of youth (ages 14-24) who are not working or in school: _____

Choose the percentage of poverty based on your total yearly household income. See chart to the right.

- Up to 50%
- 51-75%
- 76-100%
- 101-125%
- 126-150%
- 151-175%
- 176-200%
- 201%-250%
- 251% + over
- Unknown

Household Type:

- Single parent/female
- Single parent/male
- Two parent household
- Two adults NO children
- Non-related adults w/ children
- Single
- Multigenerational Household
- Single parent/female
- Other: _____

Health Insurance:

of persons in household with health insurance _____

- None
- Direct-Purchase
- Military
- State Children
- Unspecified
- Medicare
- Medicaid
- Employment Based
- State Adult
- Other: _____

Insurance Type:

- Health
- Dental
- Eye

Characteristics: (check all that apply)

- # of persons in household who are disabled _____
- I have a driver's license
- I own a car
- Other: _____

CLIENT NEEDS *List all that apply* _____

• 2020 Poverty Guidelines •

Family Size	50%	75%	100%	125%	150%	175%	200%	250%	300%
1	6,380	9,570	12,760	15,950	19,140	22,330	25,520	31,900	38,280
2	8,620	12,930	17,240	21,550	25,860	30,170	34,480	43,100	51,720
3	10,860	16,290	21,720	27,150	32,580	38,010	43,440	54,300	65,160
4	13,100	19,650	26,200	32,750	39,300	45,850	52,400	65,500	78,600
5	15,340	23,010	30,680	38,350	46,020	53,690	61,360	76,700	92,040
6	17,580	26,370	35,160	43,950	52,740	61,530	70,320	87,900	105,480
7	19,820	29,730	39,640	49,550	59,460	69,370	79,280	99,100	118,920
8	22,060	33,090	44,120	55,150	66,180	77,210	88,240	110,300	132,360
Each additional family member add annually	2,240	3,360	4,480	5,600	6,720	7,840	8,960	11,200	13,440

SOURCE: U.S. Dept. of Health and Human Services, Jan. 14, 2020



EMERGENCY ASSISTANCE FORM

226 South Maple Avenue
 Greensburg, PA 15601
 724.834.1260
 1.800.816.0022
 Fax: 724.838.9563

www.westmorelandca.org

1. APPLICANT INFORMATION

Name: _____ Soc. Sec. # _____

Street Address: _____ APT#: _____

City, State, Zip: _____ Phone #: _____

2. HOUSEHOLD INFORMATION

Name	Social Security #	Date of Birth	Gross Monthly Income

3. EMERGENCY INFORMATION

Please Circle One:

Do you have an eviction notice or a foreclosure notice? YES NO
 If yes, how much is needed to avoid eviction/foreclosure? \$ _____
 And when are you being asked to vacate the premises? _____

Do you have a utility notice of service termination? YES NO
 If yes, what utility or utilities and what amount is needed? _____

Are you in need of emergency child care? YES NO
 If yes, what is the cause/reason for the emergency? _____

Are you in need of emergency transportation? YES NO
 If yes, what is your destination and transportation need? _____

Are you more than 3 months behind on medical/doctor payments? YES NO
 If yes, to what doctor or insurance provider? _____

Are you in need of emergency car repair? YES NO
 If yes, what needs repaired and what is the estimated cost? _____

Are you more than 3 months behind on a vehicle payment? YES NO
 If yes, what is your monthly payment? \$ _____

Are you without deliverable fuel? YES NO
 If yes, how much money is needed for a 30 day supply? _____

Are you in need of food? YES NO

Are you in need of emergency shelter, clothing or household supplies/furnishings? YES NO

Any other needs not listed? _____

 Applicant Signature Date

**GUIDELINES FOR WESTMORELAND COMMUNITY ACTION'S
EMERGENCY RENTAL ASSISTANCE COVID-19 FUNDS**

This program is funded with emergency COVID-19 funds through various funding sources including CSBG, Pittsburgh Foundation, private donations and others, and is administered by Westmoreland Community Action Emergency Services Program. This program is subject to the following criteria:

- 1) **Temporarily funds starting May 18, 2020 and will continue as long as funding is available. We will assist clients in Westmoreland County.**
- 2) This program is intended to meet emergency needs because of financial hardships related to COVID-19. It is not intended to relieve on-going financial problems.
- 3) WCA's Emergency Services staff is expected to contact the individual or family in need within three business days of receipt of the referral. If staff is unable to reach the client within three days, notify the Supervisor of Emergency Services so they can report this to the referring agency when applicable.
- 4) Clients must be residents of Westmoreland County and they must demonstrate a willingness to bring themselves to self-supportive status.
- 5) The financial need must be related to loss of income due to COVID-19 including loss of job, illness, lack of childcare/schools closed, employment hours cut due to low demand for services etc.
- 6) If client is currently unemployed due to COVID-19 they would be considered for rent, or mortgage as long as they are applying for unemployment when possible, and will be returning to work once the disaster is over or have other ways to maintain the bills in the future.
- 7) Clients must be at 200% of FPL guidelines to qualify for CSBG funded portions of this program. Clients that fall outside of these guidelines will be approved on as other funding is available and in meeting with any additional requirements of those funders if applicable.
- 8) Westmoreland Community Action's intake and verification procedures are to be followed. WCA Emergency Services Staff will provide due diligence to determine the need and eligibility for support, including but not limited to contacting landlords or mortgage companies verifying payment histories.
- 9) The maximum financial assistance is \$1500 per household as long as all other guidelines are met.
- 10) Any funding will be issued directly to the creditor.
- 11) Clients must be willing to receive Housing Counseling and Money Management Services (comprehensive budget counseling) through WCA if the HCMMC Supervisor feels it is necessary. This is a free service offered through WCA.
- 12) Once intake and verification has concluded, the Supervisor of the Emergency Services Program for WCA will review all pertinent information for a final determination.
- 13) Any variation of the above criteria would require WCA CEO approval prior to payment to creditor.

14) The following kinds of expenses WILL be considered:

Rental expense – up to one month assistance. If it is the 24th of the month or later, client has to pay the next month rent prior to assistance. (to prove ability to continue to pay rent on their own) Rental assistance will not be offered if the landlord is charging last month's rent as this is considered an unfair business practice. In these cases, the supervisor for the Emergency Services Program will advocate for the client and request that the landlord consider waiving the last month's rent.

Mortgage payments – up to one month assistance. If it is the 24th of the month or later, client has to pay the next month mortgage prior to assistance. (to prove ability to continue to pay the mortgage on their own). If clients have not reached the maximum support amount allowed per household, are maintaining other requirements listed above, they may apply for additional support, not to exceed three months of rental support and/or \$1,500 per family or household.