

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM****SUBJECT:** ARRA: Emergency Food and Shelter National Program (EFSP) - Grant Application**DEPARTMENT:** Fiscal Services**DIVISION:** Administration - Fiscal Services**AUTHORIZED BY:** Lisa Spriggs **CONTACT:** Carmen Hall, Jennifer Bero **EXT:** 2394, 7125**MOTION/RECOMMENDATION:**

Approve to submit an application to the Heart of Florida United Way requesting a \$75,000.00 allocation through the Emergency Food and Shelter Program, and authorize the County Manager to execute any supporting documents as may be required for the application.

County-wide

Jennifer Bero

BACKGROUND:

The Emergency Food and Shelter National Board Program (EFSP) is administered by the Federal Emergency Management Agency (FEMA) to supplement and expand ongoing efforts to provide shelter, food and supportive services for the nation's hungry, homeless and people in economic crisis. A portion of the American Recovery and Reinvestment Act of 2009 appropriated additional funds to the program for distribution to selected Secretariat and Fiscal Agents; for Seminole County, this is the Heart of Florida United Way.

The Community Assistance Division provides the eligibility screening for Seminole County residents who need rental, mortgage, and utility assistance during a financial hardship. Screening results are then forwarded to the Heart of Florida United Way for verification of eligibility and approval. Once approved, United Way remits payment to the appropriate vendor for the eligible County resident.

Applications for the additional funding were due to the Heart of Florida United Way by May 15, 2009. To meet this requirement, staff requested the County Manager execute the application under the caveat it would be withdrawn should the Board decline the request to apply. Staff is requesting approval for the application to remain in contention for funding consideration. There is no match requirement for the grant.

STAFF RECOMMENDATION:

Approve to submit an application to the Heart of Florida United Way requesting a \$75,000.00 allocation through the Emergency Food and Shelter Program, and authorize the County Manager to execute any supporting documents as may be required for the application.

ATTACHMENTS:

1. Application for Funding
2. EFSP Attachment I
3. Application for Funding: Attachment II

Additionally Reviewed By: No additional reviews

**APPLICATION FOR FUNDING
American Recovery and Reinvestment Act Award
FOR SEMINOLE COUNTY**

****Return original Application and thirteen (13) copies by 4:00 p.m. on Friday, May 15, 2009 to:
Heart of Florida United Way
Dr. Nelson Ying Center
1940 Traylor Blvd.
Orlando, FL 32804**

**APPLICATION WILL NOT BE ACCEPTED AFTER THE SUBMISSION DEADLINE
APPLICATION WILL NOT BE REVIEWED FOR FUNDING AND WILL BE RETURNED TO AGENCY IF:
A. ANY PORTION OF THIS APPLICATION IS ALTERED OR INCOMPLETE
B. ATTACHMENTS ARE NOT SUBMITTED
C. DIRECTIONS ARE NOT FOLLOWED**

Total from page 4: \$75,000.00 Date: May 5, 2009

Agency: Seminole County

Address: 534 W. Lake Mary Blvd., Sanford, FL 32773

County: Seminole Phone: (407) 665-7211

Email Address: ccoto@seminolecountyfl.gov Fax: (407) 665-7958

Chief Professional Officer: Cynthia Coto Title: County Manager

President/Board Chair: N/A

Contact Person: Shirley Davis-Boyce, Manager Phone: (407) 665-2363

Contact Person email
address: sboyce@seminolecountyfl.gov

Federal Taxpayer ID #: 59-6000856 Agency Fiscal Year Ends: 2009

****Of the thirteen copies of the Application for Funding, eight (8) must include the following five (5) items and the Original Application for Funding must include ALL of the following (5) items:**

- Incorporated/recognized in the State of Florida as a nonprofit organization
- Tax Exempt Status under Internal Revenue Code 501(c)(3)
- List of Organization's Board Members
- Last Independent Annual Audit for the most recent fiscal period
- Management Letter or letter from CPA indicating no management letter was issued

LOCAL EFSP BOARD POLICY AND PROCEDURE
ORGANIZATION ELIGIBILITY
LOCAL EFSP BOARD

Eligibility

For an organization to be eligible for funding it must:

1. be a non-profit organization or an agency of the government;
2. practice non-discrimination with regard to client assistance;
3. have an accounting system and have an annual, independent audit;
4. provide a copy of the most recent annual audit and management letter, Board response to management letter or letter from CPA indicating no management letter was issued;
5. for voluntary organizations, have a voluntary Board of Directors who receives no remuneration for holding the position;
6. have been serving clients for a minimum of one (1) year;
7. provide services during specified hours on a regular basis, at an identifiable location. (A designated person should be present at the location during specified times of operation to provide assistance to those in need.)
8. as an employer, abides by the Federal Drug-Free Workplace Act of 1988;
9. provide case management to individuals seeking assistance;
10. A copy of an LROs annual audit and Management Response or Corrective Action Plan (as appropriate) must be forwarded to the National Board if:
 - the LRO received \$500,000 or more in federal funds
 - the LRO has "findings" in their annual audit
 - the LRO received a "qualified" opinion
 - the LRO received "no opinion" or an "adverse opinion". **Additionally, the Local Board may no longer fund an LRO that received "no opinion" or an "adverse opinion". Once an agency has again achieved an "unqualified" or "qualified" opinion, they may be considered for funding.**
11. **Agencies will be required to certify if they are debarred or suspended from receiving Federal funds.**
12. **Failure to comply with all Board Policies and Procedures will be subject to denial or removal of funds.**

Funds are to be used on an ongoing basis to supplement and extend food and shelter services, not as a substitute for other program funds or to start new programs.

By signing below, I certify that my agency meets the above eligibility requirements.

Chief Professional Officer

Date

BRIEF STATEMENT OF ORGANIZATION’S PURPOSE AND SERVICES:

The Division of Community Assistance is one of four divisions that make up the Department of Community Services within Seminole County Government. The other three divisions are Prosecution Alternatives for Youth, County Probation and Extension Services.

The Division of Community Assistance seeks to provide a “hand-up” during a time of crisis to eligible residents to prevent greater financial distress, promote a sense of hope by restoring individual self-sufficiency, and strengthen the overall quality of life for the entire community.

The Division of Community Assistance provides a variety of programs for eligible residents of the County. These programs consist of rental/mortgage assistance, utility assistance, medical/dental assistance, childcare assistance, self-sufficiency programs, burial/cremation assistance, Veteran Services (affairs and benefits), Purchase Assistance for homeownership, Foreclosure Prevention, Housing Rehabilitation and other programs.

SERVICES PROVIDED:

A summary of services and program is provided as Attachment “A” (See Attachment)

EFSP FUNDS ARE INTENDED TO SUPPLEMENT EXISTING SERVICES. FOR PRIOR FISCAL YEAR, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW FOR ALL SERVICE CATEGORIES REQUESTED IN THIS APPLICATION (PAGE 5.) (IF NO ADDITIONAL FUNDING SOURCES ARE IDENTIFIED, APPLICATION WILL NOT BE CONSIDERED.)

<u>SERVICE CATEGORY</u>	<u>TOTAL # OF CLIENTS</u>	<u>TOTAL PROGRAM BUDGET</u>
<u>SHELTER/RENT/MORTGAGE</u>	400	\$234,016.00
<u>UTILITIES/ENERGY</u>	175	53,500.00
<u>OTHER FOOD</u>		
<u>MASS SHELTER</u>		
<u>SERVED MEALS</u>		
<u>EQUIPMENT/SUPPLIES</u>		

ASSISTANCE TO INDIVIDUALS/ FAMILIES:

SHELTER/RENT/MORTGAGE DOLLARS REQUESTED: \$65,000.00

*ESTIMATED NUMBER OF BILLS TO BE PAID: 72 (AVG \$900.00)

UTILITIES DOLLARS REQUESTED: \$10,000.00

*ESTIMATED NUMBER OF BILLS TO BE PAID: 40 (AVG \$250.00)

*COUNT ONE BILL FOR EACH FAMILY OR SINGLE INDIVIDUAL TO BE SERVED

OTHER FOOD (Pantry/Vouchers) DOLLARS REQUESTED: N/A

ESTIMATED NUMBER OF MEALS TO BE PROVIDED: _____
(\$2.00 PER PERSON, PER MEAL)

TOTAL DOLLARS REQUESTED FOR INDIVIDUALS/FAMILIES: \$75,000.00

MASS SHELTER AND SERVED MEALS:

MASS SHELTER DOLLARS REQUESTED: N/A
(\$12.50 PER PERSON, PER NIGHT)

NUMBER OF BEDS: _____

SERVED MEALS DOLLARS REQUESTED: N/A
(\$2.00 PER PERSON, PER MEAL)

NUMBER OF MEALS: _____

TOTAL DOLLARS REQUESTED FOR MASS SHELTER AND SERVED MEALS: _____

EQUIPMENT/SUPPLIES DOLLARS REQUESTED: N/A

TOTAL OVERALL FUNDING REQUEST: \$75,000.00

STATEMENT OF YOUR CAPABILITY AND CAPACITY TO PROVIDE THESE EMERGENCY PROGRAMS, SUCH AS THE SCREENING AND EVALUATION OF APPLICANTS, IN ACCORDANCE WITH THE NATIONAL EMERGENCY FOOD AND SHELTER GUIDELINES. ALSO, EXPLAIN HOW PROGRAM SERVICES FIT WITHIN THE AGENCY'S PURPOSE:

The Division of Community Assistance has provided services to the residents of Seminole County for several decades. The current staff of the division has an excess of 100 years combined experience in eligibility determination, social work, case management and grant coordinating. Procedures and services are reviewed annually by both county staff and state officials. The division currently determines eligibility for residents in housing, (rent/mortgage and utility), medical, (general medical/dental/eye care/ prescriptions) limited childcare, down payment assistance, foreclosure prevention, home repair, shelter plus care, demolition assistance and veteran services. Policies and procedures are in accordance with the National Emergency Food and Shelter Board Guidelines, Department of Community Affairs and HUD. During the past year, this division assisted 21 Emergency Food and Shelter customers with rental, mortgage or utility assistance. Seminole County residence, overall, received various types of assistance through this division. In addition, collaboration continues with other community service providers which has enabled us to partner with other agencies to put together a comprehensive plan to better assist our customers.

LIST GEOGRAPHIC LOCATIONS (STREET ADDRESS, CITY, ZIP) WHERE EFSP FUNDED SERVICES WILL BE DISTRIBUTED

534 W. Lake Mary Boulevard, Sanford, FL 32773

PLEASE LIST THE TITLES OF STAFF WHO WILL BE CONDUCTING THIS SCREENING AND EVALUATION:

All caseworkers must attend the yearly mandatory training. The Designated Trainer will train all caseworkers hired after the mandatory training date.

<u>JOB TITLE</u>	<u>QUALIFICATION</u>	<u>% OF TIME INTENDED FOR THIS SERVICE</u>
Jennifer Lawrence	Case Manager Supervisor: 25 + Years	
Marie Desire-Homere	Case Manager: 6 Months	
Sara Purcell	Case Manager: 6 Months	
Javier Madera	Case Manager: 5 Years	
Carrie Longworth	Case Manager: 5 Years	

PLEASE IDENTIFY THE TITLE OF THE DESIGNATED TRAINER WHO WILL TRAIN ALL CASEWORKERS HIRED AFTER THE MANDATORY TRAINING DATE AND BE RESPONSIBLE FOR ENSURING ACCURACY OF PAPERWORK SUBMITTED TO THE FISCAL AGENT. DESIGNATED TRAINERS ARE ENCOURAGED TO ATTEND THE EMERGENCY FUNDS NETWORK (EFN) MEETING IF RENT/MORTGAGE/UTILITY FUNDS ARE AWARDED.

**JENNIFER LAWRENCE, CASE MANAGER SUPERVISOR,
534 W. LAKE MARY BOULEVARD, SANFORD, FL 32773**

IN ACCEPTING EMERGENCY FOOD & SHELTER NATIONAL PROGRAM FUNDS, THE AGENCY ALSO CERTIFIES THAT IT WILL PRACTICE NON-DISCRIMINATION WITH REGARD TO CLIENT ASSISTANCE.

ACCEPTANCE OF EMERGENCY FOOD AND SHELTER PROGRAM FUNDS CONSTITUTES ACCEPTANCE TO COMPLY WITH ALL CRITERIA, POLICIES AND PROCEDURES OF THE NATIONAL AND LOCAL BOARDS.

SUBMITTED BY: Cynthia Coto, County Manager
PRINTED NAME OF THE AGENCY'S CHIEF PROFESSIONAL OFFICER

SIGNATURE OF THE AGENCY'S CHIEF PROFESSIONAL OFFICER

DATE

(ATTACHMENT A)

	<u>Service</u>	<u>Type</u>	<u>Budget</u>	<u>Limit</u>
BCC				
		Mort	\$5,000.00	\$600.00
		Rent	\$221,300.00	\$600.00
		Utility	\$63,191.00	\$600.00
	Childcare		\$66,554.00	
	Medicare		\$20,069.00	
	*(Both of these services are included in Total)			
			*Sum Of Budget:	\$376,114.00
CDBG				
	Childcare		\$67,456.00	\$3,000 to \$5,000.00
	Dental		\$65,000.00	\$700.00
	Medical		\$6,810.00	\$700.00
	Rx		\$7,000.00	\$400.00
			*Sum Of Budget:	\$273,183.00
	Utility		\$25,413.00	
	Rent		\$101,504.00	
	*(Both of these services are included in Total)			
CSBG				
	Rent(SS) & Mortgage		\$122,378.00	\$6,000.00
			Sum Of Budget:	\$122,378.00
Elderly				
	Utility		\$3,000.00	\$175.00
			Sum Of Budget:	\$3,000.00
EFSP				
	Rent/Mortgage		\$45,000.00	One month
	Utility		\$5,000.00	One month
			Sum Of Budget:	\$50,000.00
ESGP				
	Rent/Mortgage		\$30,000.00	\$600.00
	Utility		\$1,957.00	\$600.00
			Sum Of Budget:	\$31,957.00
Goodneighbor				
	Utility		\$20,000.00	\$500.00
			Sum Of Budget:	\$20,000.00
MANDATED				
	Burial		\$16,000.00	
	HCRA		\$155,750.00	
	Indigent		\$75,412.00	
	Medicaid		\$2,450,000.00	
			Sum Of Budget:	\$2,697,162.00
Ship				
	Purchase/Down payment		\$403,500.00	
	Rehabilitation		\$1,200,000.00	
	New Construction		\$700,000.00	
	Acquisition & Rehab		\$644,000.00	
	Foreclosure Prevention		\$60,000.00	

***Utility/Rent Deposit
\$180,202.00 (This service is
included in total).**

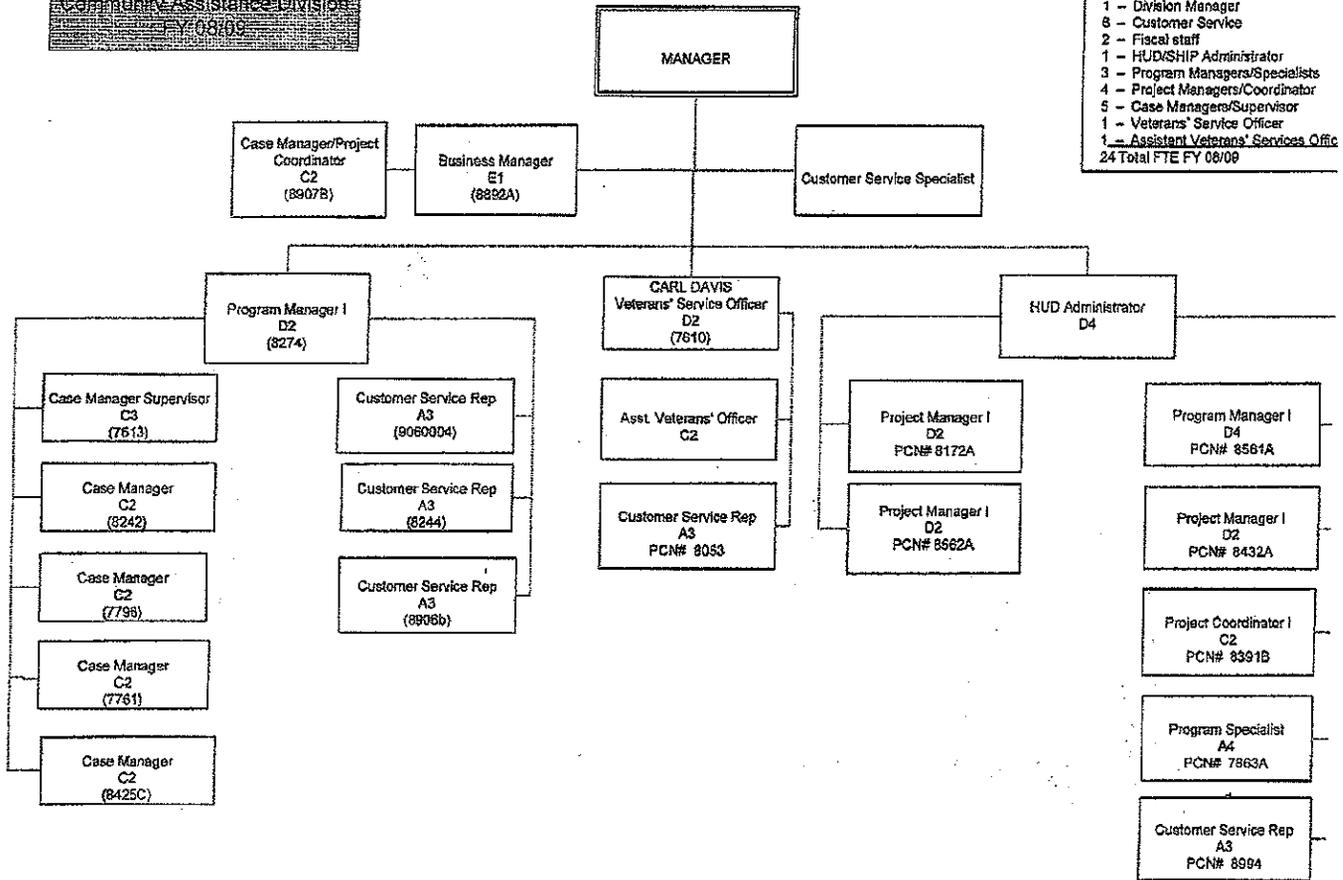
**Hurricane Housing Repair
(hrp)**

Reconstruction	\$200,000.00	
Sum Of Budget:		*\$3,387,702.00
HHRP Repair	0.00	
Sum Of Budget:		\$0.00
Budget Grand Total Sum:		6,961,496.00

Community Services Department
 Community Assistance Division
 FY 08/09

COMMUNITY ASSISTANCE DIVISION

- 1 - Division Manager
- 6 - Customer Service
- 2 - Fiscal staff
- 1 - HUD/SHIP Administrator
- 3 - Program Managers/Specialists
- 4 - Project Managers/Coordinator
- 5 - Case Managers/Supervisor
- 1 - Veterans' Service Officer
- 1 - Assistant Veterans' Services Office
- 24 Total FTE FY 08/09



EMERGENCY FINANCIAL ASSISTANCE: GENERAL ELIGIBILITY GUIDELINES

FOUR ELIGIBILITY Criteria: Four criteria are used to determine an applicant's eligibility for service from Seminole County: (1) Age, (2) Seminole County Residency, (3) Loss of Income, and (4) Family Income level (based on Federal poverty guidelines).

1. Age

In order to receive assistance a client must be at least 18 years of age or an emancipated minor (documentation required).

2. Seminole County Residency

Assistance may be provided only to individuals or families who are residents of Seminole County. Residence exists when the stay is for the purpose of living and making a home within Seminole County. Seminole County Community Assistance requires a customer to provide documentation of established residency within the county to qualify for services.

3. Loss of income

Assistance provided through this division is limited/emergency based. The *Need for Service* is dependent upon a sudden (unexpected) and temporary loss of income which is the immediate and direct cause of the applicant's inability to meet their obligations.

4. Family Income Level

All services provided through the *Division of Community Assistance* are available only to those residents who meet income criteria as established by Federal Poverty guidelines. In order to properly determine eligibility, all income must be considered.

- All applicants must provide Social Security cards for all members of the household to verify family size.

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A. EMERGENCY FINANCIAL ASSISTANCE: RESIDENCY GUIDELINES

PRINCIPLE: The services provided by the Division of Community Assistance are intended for the benefit of residents of Seminole County. Residency exists when the stay is for the purpose of living and making a home within Seminole County. The following guidelines shall be used to satisfy residency requirements.

1. Applicants must be able to document established residency in Seminole County preceding the date of application for assistance.
2. Applicants must have a signed rental/lease/mortgage agreement dated prior to application for services.
3. Residency must be established in single family home or apartment complex. Excluded from consideration are motels, weekly rental units, or private rooms in single family homes.
4. Rental/lease/mortgage agreement must be in name of applicant or spouse.

An applicant is required to provide:

- i. **Two forms of documentation of residency in Seminole County.** The following may be considered as acceptable proof:
 1. Copy of Lease on rental unit with a Seminole County address; or,
 2. Warranty-deed, mortgage on home in Seminole County;

And, at least one of the following:

 3. Current utility bill in name of applicant with Seminole County address;
 4. Declaration of Domicile recorded with the Clerk of the Court in Seminole County;
 5. Homestead exemption documentation.
- ii. **And the following:**
 5. Picture I.D. (Drivers license will not be accepted as proof of residency, but may be used as proof of identify);
 6. Social Security Cards for every member of the household. **(Note: Numbers are verified but cards are no longer copied for case files)**

Special Issues:

- Applicants must be able to document established residency within Seminole County (months of free or waived rent by apartment/landlord will not be acceptable satisfaction of this requirement). Applicants who are staying with a resident of Seminole County (either friend, family or others), regardless of the period of time, are considered to be visitors.
- Residents of group homes, residential treatment facilities, transitional housing, rehabilitation facilities, correctional facilities, abuse shelters, halfway houses, hospitals, nursing homes, or other similar programs or individuals being discharged from these facilities must provide documentation of residence in Seminole County prior to admission to the facility to be considered. *Funds from the Division of Community Assistance may not be used to supplant funds or pay for services provided by these care facilities.*
- Tourists, individuals passing through Seminole County, and out-of county students attending a Seminole County educational institution do not meet the residence requirement even if they remain in Seminole County for an extended time.

A. EMERGENCY FINANCIAL ASSISTANCE: INCOME GUIDELINES

PRINCIPLE: All services provided through the *Division of Community Assistance* are available only to those residents who meet income criteria as established by Federal Poverty guidelines. In order to properly determine eligibility, all income must be considered and shall be determined as follows:

1. **Household Income:** All income entering the house where the applicant resides must be included when determining eligibility. This includes spouses, working children, parents, divorced couples still living together and all individuals listed on the rental agreement/lease or mortgage. Special consideration may be given for medical assistance requests upon evaluation by case worker and approval of Division management.
2. **Income sources:** In addition to regular salary and wages (before any deductions) the following income must be reported:

<i>Social Security</i>	<i>Railroad retirement</i>	<i>Strike benefits</i>
<i>Unemployment Comp.</i>	<i>Workers Compensation</i>	<i>Veteran's benefits</i>
<i>Training Stipends</i>	<i>Alimony</i>	<i>Child Support</i>
<i>Military allotments</i>	<i>Private Pensions</i>	<i>Employee pensions</i>
<i>Military retirement</i>	<i>Regular Insurance</i>	<i>Regular Annuity</i>
<i>Dividends</i>	<i>Interest</i>	<i>Rents</i>
<i>Royalties</i>	<i>Estates/Trusts</i>	<i>Gambling/Lottery</i>
<i>Income Tax refunds</i>	<i>Lump-sum inheritance</i>	<i>Savings Accounts</i>
<i>Income from sale of property</i>	<i>Injury Compensation</i>	
<i>College/University Scholarships, grants, fellowships</i>		
<i>Public Assistance (including AFDC, Supplemental Security Income, Non-federally funded General Assistance money or General relief payments).</i>		
3. **Documentation:** Applicant must provide documentation of income for the past thirteen (13) weeks through either pay stubs or statement from employer on company letterhead stating the total income for that period of time. Self-declaration is not acceptable.
4. **Annualization:** Income reported by the applicant will be annualized and compared to the Federal Poverty guidelines based on the number of individuals living in the household.
5. **Special Issues:**
 - **Self Employed:** Individuals claiming loss in personal business must be able to document previous income and provide copy of most recent quarterly report to the Federal government as required by law, as well as business license. (latest tax return will also be required)
 - **Cash Payment:** Individuals whose claimed income is the result of cash payments made for services rendered will not be eligible unless a clear and ongoing ledger has been maintained indicating the date, amount and payee (with contact number) since it is otherwise impossible to document actual income received.
 - Applicants applying for medical/dental/Rx assistance and who currently reside in a home with other family members shall be required to submit income information for entire family to be considered for assistance. (if the customer has separate income and pays a monthly rental payment to family member (must be homeowner), they can be considered a separate household if lease agreement is provided)
 - **Failure to declare** all income to staff during application/interview will be considered willful intent to provide false information and client will be disqualified from consideration.

A. EMERGENCY FINANCIAL ASSISTANCE: LOSS OF INCOME GUIDELINES

PRINCIPLE: TIMELINESS OF LOSS. The loss of income being claimed as a basis for consideration must be the reason behind the applicant's inability to meet the required payment. As a guide for determining the relationship between the stated loss of income and the applicant's request for service, the following shall apply:

1. **Loss must have occurred within the past three months.**
Reported losses beyond that time will not be considered as the cause of the current circumstance. An exception to this condition may be a loss of employment prior to that time with documentation that the applicant has been seeking employment regularly. Self declaration by applicant will not be sufficient documentation.
2. **Loss must have occurred prior to date of bill for current request.** For example, if lease payment is due on 1st of month, loss of employment or other loss cannot be after that date.
3. **Absence of income must be for a period of at least three (3) weeks.**
4. **Loss of income must be unexpected.** Examples of loss that do not qualify include:
 - a) Employees who work under contract for a period less than 12 months (for example, school employees who sign a 9 months contract can reasonably expect the reduction of income and save/plan accordingly).
 - b) Employees whose hours normally and routinely fluctuate such as pool employees, temp or part-time personnel, commission sales personnel or home health care workers.
5. **Loss of income cannot be the result of repayment of loans, credit card expenditures or money borrowed from family/friends.**
6. **Loss of income may not be the result of actions for which the applicant is directly responsible.** Examples of loss attributed to the applicant are (but not limited to) the following:
 - a) Traffic tickets;
 - b) Incarceration;
 - c) Court appearances (except jury duty);
 - d) Misconduct at work;
 - e) Voluntary separation from employment;
 - f) Tardiness or failure to appear for work;
 - g) Repayment of over-paid benefits (such as SSI, Social Security, insurance, etc.);
 - h) Sanctions from other government programs (local, state or federal).
7. **Loss of income by individuals not on the lease/mortgage will not be considered.**
8. **Loss of income not reported as earned income by the applicant will not be considered.**
9. **Loss of income from self-employment must be documented with appropriate business license and latest quarterly income tax report.**
10. **With exceptions as noted above, loss of income may be among the following:**
 - a) *Unexpected medical expenses of applicant or family member;*
 - b) *Reduction in hours by employer (except, loss of overtime not acceptable);*
 - c) *Job loss;*
 - d) *Loss of primary earner (death, separation, divorce, hospitalization);*
 - e) *Unexpected and non-routine auto or home repairs with documentation of payment (not made by credit card);*
 - f) *Separation from job due to unhealthy or unsafe working environment.*

NOTE: Loss attributed to theft may be considered only when accompanied by police report filed at the time of loss and prior to date of application and documentation that funds needed for payment were present at the time of theft.

A. EMERGENCY FINANCIAL ASSISTANCE: LIMITATIONS OF ASSISTANCE GUIDELINES

1. All services are contingent upon availability of funding at the moment an application is made;
2. All services are contingent upon vendor (landlord, physician, utility company, etc.) signing appropriate agreement letter stipulating their willingness to work with the client and this division in securing payment;
3. A household is eligible to receive rental and utility assistance (each) only once during a fiscal year (October-September) regardless of the number of individuals in the household;
4. A client may be able to receive rental/mortgage and/or utility assistance from more than one program during the course of a fiscal year based upon the nature of the presenting need, the availability of funds, and specific individual program guidelines;
5. Under no circumstances will clients be able to receive rental/mortgage or utility assistance in consecutive months, or more than once in any six month period;
6. A client (if approved) may receive up to the maximum amount allowed for each service during the course of any fiscal year as funds are available (October 1 -- September 30);
7. If a client's household consist of two or more persons, the maximum amount for medical assistance for an individual shall apply to the household (for example: if \$600 is established as the maximum available for the dental assistance, this will apply to the household, not for each individual member);
8. Clients who are not eligible for services, or who have exhausted the assistance available from this division will be referred by staff to other appropriate community agencies;
9. Residents of group homes, residential treatment facilities, transitional housing, rehabilitation facilities, correctional facilities, abuse shelters, halfway houses, hospitals, nursing homes, or other similar programs or individuals being discharged from these facilities must provide documentation of residence in Seminole County for three months prior to admission to the facility to be considered (see Residency Guidelines). *Funds from the Division of Community Assistance may not be used to supplant funds or pay for services provided by these care facilities;*
10. Community Assistance funding will not be used for reimbursement of medical deductibles;
11. Assistance will be considered for trailer rentals, but not for lot rentals;
12. Assistance is not available in cases (medical/dental/eye care) where insurance claims have been filed (deductible coverage or portions of the medical bill not covered by the insurance plan are not eligible for county funding);
13. Assistance will not be approved for any late fees that may be associated with the request;
14. Assistance will not be approved for partial payment of rental/utility bills where non-related individuals share equally the cost of the rental unit/utility;
15. Funds approved by the Division of Community Assistance will be released to the approved vendor only after receiving documented verification of payment of all late fees and balances (money order, check, receipt from vendor indicating payment and balance not larger than the amount approved by the division).

A. EMERGENCY FINANCIAL ASSISTANCE: ELIGIBILITY PROCESS GUIDELINES

ELIGIBILITY PROCESS— The process for determining eligibility is the same for all programs and services and includes the following steps:

APPLICANT RESPONSIBILITIES

- 1) Completed and signed Application form;
- 2) Completed and signed *Client Agreement* form;
- 3) A personal interview with division eligibility staff and sign all required forms;
- 4) Provide all documentation as required
 - A. All income documentation;
 - B. Proof of Seminole County residency;
 - C. Photo I.D.;
 - D. Documentation of need (Demonstrated loss of income; Layoff, reduction of hours at job, unexpected medical expenses, or other event beyond the control of the client);
 - E. Proof of ongoing (future) management;
 - F. Social Security Card for all residents in the household; **(Note: Numbers are verified but no longer copied for case files)**
 - G. Current utility bill at residence;
 - H. As appropriate for service requested
 - i. Three-day notice (rental);
 - ii. Latest/current mortgage statement (mortgage);
 - iii. shutoff notice (utility);
 - iv. new prescription (RX) (no refills);
 - v. medical referral (medical, dental, eye care)

Assistance cannot be provided without the required documentation.

STAFF (CASE WORKER) RESPONSIBILITIES

- 1) Complete interview with client;
- 2) Ensure completion of all application information and client acknowledgments form;
- 3) Verify all documentation provided by client;
- 4) Enter all data into data tracking software;
- 5) Complete case notes as required (Interview, each follow-up, vendor contact, approval/denial, closure);
- 6) Secure appropriately signed forms from client, employer, vendor;
- 7) Provide written determination (approval or denial) to client within one (5) business days of receipt of all necessary documentation;
- 8) Complete case (close) within three (2) working days after determination;
- 9) Submit paperwork for preparation of voucher;
- 10) Coordinate access to other resources that might assist client's self-sufficiency;
- 11) Refer to other services providers when unable to approve application;
- 12) Follow-up as needed with client.

Case Status:

Approved – All information has been received and verified. Case worker has completed all paperwork and submitted for payment and informed client in writing.

Pending – All information has not been received or has not been verified. Case worker must inform client in writing of what is missing or not yet verified. Case must be approved or denied within 30 days or case note entered stating the reason for extension.

Denied – Client is determined not eligible and so notified in writing.

0003



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

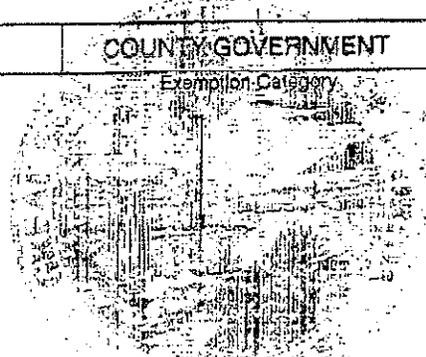
DR-14
R. 04/05
01/06/07

85-8013708974C-0	11/01/2006	11/30/2011	COUNTY GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

SEMINOLE COUNTY BOARD OF
COUNTY COMMISSIONERS
1101 E 1ST ST
SANFORD FL 32771-1468

ATTN: Jennifer



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

RECEIVED
JAN 19 2007
COMMUNITY ASSISTANCE

DR-14
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

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01

Summary of Division Services

The *Division of Community Assistance* is one of four divisions that make up the *Department of Community Services* within Seminole County Government. The other three divisions are *Prosecution Alternatives for Youth*, *Extension Services*, and *County Probation*.

The **Division of Community Assistance** seeks to provide a "hand-up" during a time of crisis to eligible residents to prevent greater financial distress, promote a sense of hope by restoring individual self-sufficiency, and strengthen the overall quality of life for the entire community. The Division has six major programs:

1. **EMERGENCY FINANCIAL ASSISTANCE**: Provides a one-time financial assistance to Seminole County citizens who have experienced a sudden, temporary financial hardship, but will be self-sufficient within one month. A variety of programs are available for rental, utility, food, medical, dental, and child care assistance. Funding is not available to pay for non-essential services such as telephone/cell phone or cable TV, nor for home or auto repairs;
2. **MEDICAL SERVICES**: Monitor the county's medical services that are either mandated by Florida Statute (such as Medicaid, the Health Care Responsibility Act, child abuse exams, ADM match and indigent burial) or provided through contract with a local hospital (the Indigent Care Hospitalization Program);
3. **SUBSTANCE ABUSE**: Coordinate the county's substance abuse programs/services which include the federally funded "Byrne Grant", as well as local grants through Seminole County's Substance Abuse Trust Funds;
4. **COMMUNITY SERVICE AGENCY GRANTS**: Monitor the county's Community Service Agency grant program which is a Board of County Commissioner funded initiative for supporting a variety of community service projects.
5. **VETERAN SERVICES**: Assist veterans/dependents with the Department of Veteran Affairs by filing claims for benefits, educational assistance, healthcare and financial assistance funded by various Federal Government agencies.
6. **COMMUNITY DEVELOPMENT**: This program which provides for improvement in targeted low-income neighborhoods and such services as Down Payment Assistance, Home Repair, Homeless Prevention, Foreclosure Prevention and Tenant Based Rental Program through a variety of federal grants.

In addition to the above specific tasks, division leadership is active in numerous local committees that seek to improve the quality of life for Seminole County residents: Red Ribbon, Juvenile Justice Council, Police Athletic League, Seminole Hope, CSBG Advisory Board, Community Service Network, Healthy Start, and Red Cross among others.

EMERGENCY FINANCIAL ASSISTANCE: GENERAL ELIGIBILITY GUIDELINES

FOUR ELIGIBILITY Criteria: Four criteria are used to determine an applicant's eligibility for service from Seminole County: (1) Age, (2) Seminole County Residency, (3) Loss of Income, and (4) Family Income level (based on Federal poverty guidelines).

1. Age

In order to receive assistance a client must be at least 18 years of age or an emancipated minor (documentation required).

2. Seminole County Residency

Assistance may be provided only to individuals or families who are residents of Seminole County. Residence exists when the stay is for the purpose of living and making a home within Seminole County. Seminole County Community Assistance requires a customer to provide documentation of established residency within the county to qualify for services.

3. Loss of Income

Assistance provided through this division is limited/emergency based. The *Need for Service* is dependent upon a sudden (unexpected) and temporary loss of income which is the immediate and direct cause of the applicant's inability to meet their obligations.

4. Family Income Level

All services provided through the *Division of Community Assistance* are available only to those residents who meet income criteria as established by Federal Poverty guidelines. In order to properly determine eligibility, all income must be considered.

- All applicants must provide Social Security cards for all members of the household to verify family size.

A. EMERGENCY FINANCIAL ASSISTANCE: RESIDENCY GUIDELINES

PRINCIPLE: The services provided by the Division of Community Assistance are intended for the benefit of residents of Seminole County. Residency exists when the stay is for the purpose of living and making a home within Seminole County. The following guidelines shall be used to satisfy residency requirements.

1. Applicants must be able to document established residency in Seminole County preceding the date of application for assistance.
2. Applicants must have a signed rental/lease/mortgage agreement dated prior to application for services.
3. Residency must be established in single family home or apartment complex. Excluded from consideration are motels, weekly rental units, or private rooms in single family homes.
4. Rental/lease/mortgage agreement must be in name of applicant or spouse.

An applicant is required to provide:

- I. **Two forms of documentation of residency in Seminole County.** *The following may be considered as acceptable proof:*
 1. Copy of Lease on rental unit with a Seminole County address; or,
 2. Warranty deed, mortgage on home in Seminole County;

And, at least one of the following:

 3. Current utility bill in name of applicant with Seminole County address;
 4. Declaration of Domicile recorded with the Clerk of the Court in Seminole County;
 5. Homestead exemption documentation.
- II. And the following:
 5. Picture I.D. (Drivers license will not be accepted as proof of residency, but may be used as proof of identify);
 6. Social Security Cards for every member of the household. (**Note: Numbers are verified but cards are no longer copied for case files**)

Special Issues:

- Applicants must be able to document established residency within Seminole County (months of free or waived rent by apartment/landlord will not be acceptable satisfaction of this requirement). Applicants who are staying with a resident of Seminole County (either friend, family or others), regardless of the period of time, are considered to be visitors.
- Residents of group homes, residential treatment facilities, transitional housing, rehabilitation facilities, correctional facilities, abuse shelters, halfway houses, hospitals, nursing homes, or other similar programs or individuals being discharged from these facilities must provide documentation of residence in Seminole County prior to admission to the facility to be considered. *Funds from the Division of Community Assistance may not be used to supplant funds or pay for services provided by these care facilities.*
- Tourists, individuals passing through Seminole County, and out-of county students attending a Seminole County educational institution do not meet the residence requirement even if they remain in Seminole County for an extended time.

A. EMERGENCY FINANCIAL ASSISTANCE: INCOME GUIDELINES

PRINCIPLE: All services provided through the *Division of Community Assistance* are available only to those residents who meet income criteria as established by Federal Poverty guidelines. In order to properly determine eligibility, all income must be considered and shall be determined as follows:

1. **Household Income:** All income entering the house where the applicant resides must be included when determining eligibility. This includes spouses, working children, parents, divorced couples still living together and all individuals listed on the rental agreement/lease or mortgage. Special consideration may be given for medical assistance requests upon evaluation by case worker and approval of Division management.
2. **Income sources:** In addition to regular salary and wages (before any deductions) the following income must be reported:

<i>Social Security</i>	<i>Railroad retirement</i>	<i>Strike benefits</i>
<i>Unemployment Comp.</i>	<i>Workers Compensation</i>	<i>Veteran's benefits</i>
<i>Training Stipends</i>	<i>Alimony</i>	<i>Child Support</i>
<i>Military allotments</i>	<i>Private Pensions</i>	<i>Employee pensions</i>
<i>Military retirement</i>	<i>Regular Insurance</i>	<i>Regular Annuity</i>
<i>Dividends</i>	<i>Interest</i>	<i>Rents</i>
<i>Royalties</i>	<i>Estates/Trusts</i>	<i>Gambling/Lottery</i>
<i>Income Tax refunds</i>	<i>Lump-sum inheritance</i>	<i>Savings Accounts</i>
<i>Income from sale of property</i>	<i>Injury Compensation</i>	
<i>College/University Scholarships, grants, fellowships</i>		
<i>Public Assistance (Including AFDC, Supplemental Security Income, Non-federally funded General Assistance money or General relief payments).</i>		
3. **Documentation:** Applicant must provide documentation of income for the past thirteen (13) weeks through either pay stubs or statement from employer on company letterhead stating the total income for that period of time. Self-declaration is not acceptable.
4. **Animalization:** Income reported by the applicant will be annualized and compared to the Federal Poverty guidelines based on the number of individuals living in the household.
5. **Special Issues:**
 - **Self Employed:** Individuals claiming loss in personal business must be able to document previous income and provide copy of most recent quarterly report to the Federal government as required by law, as well as business license. (latest tax return will also be required)
 - **Cash Payment:** Individuals whose claimed income is the result of cash payments made for services rendered will not be eligible unless a clear and ongoing ledger has been maintained indicating the date, amount and payee (with contact number) since it is otherwise impossible to document actual income received.
 - Applicants applying for medical/dental/Rx assistance and who currently reside in a home with other family members shall be required to submit income information for entire family to be considered for assistance. (if the customer has separate income and pays a monthly rental payment to family member (must be homeowner), they can be considered a separate household if lease agreement is provided)
 - **Failure to declare** all income to staff during application/interview will be considered willful intent to provide false information and client will be disqualified from consideration.

A. EMERGENCY FINANCIAL ASSISTANCE: LOSS OF INCOME GUIDELINES

PRINCIPLE: TIMELINESS OF LOSS. The loss of income being claimed as a basis for consideration must be the reason behind the applicant's inability to meet the required payment. As a guide for determining the relationship between the stated loss of income and the applicant's request for service, the following shall apply:

1. **Loss must have occurred within the past three months.**
Reported losses beyond that time will not be considered as the cause of the current circumstance. An exception to this condition may be a loss of employment prior to that time with documentation that the applicant has been seeking employment regularly. Self declaration by applicant will not be sufficient documentation.
2. **Loss must have occurred prior to date of bill for current request.** For example, if lease payment is due on 1st of month, loss of employment or other loss cannot be after that date.
3. **Absence of Income must be for a period of at least three (3) weeks.**
4. **Loss of income must be unexpected.** Examples of loss that do not qualify include:
 - a) Employees who work under contract for a period less than 12 months (for example, school employees who sign a 9 months contract can reasonably expect the reduction of income and save/plan accordingly).
 - b) Employees whose hours normally and routinely fluctuate such as pool employees, temp or part-time personnel, commission sales personnel or home health care workers.
5. **Loss of income cannot be the result of repayment of loans, credit card expenditures or money borrowed from family/friends.**
6. **Loss of income may not be the result of actions for which the applicant is directly responsible.** Examples of loss attributed to the applicant are (but not limited to) the following:
 - a) Traffic tickets;
 - b) Incarceration;
 - c) Court appearances (except jury duty);
 - d) Misconduct at work;
 - e) Voluntary separation from employment;
 - f) Tardiness or failure to appear for work;
 - g) Repayment of over-paid benefits (such as SSI, Social Security, Insurance, etc.);
 - h) Sanctions from other government programs (local, state or federal).
7. **Loss of income by individuals not on the lease/mortgage will not be considered.**
8. **Loss of income not reported as earned income by the applicant will not be considered.**
9. **Loss of income from self-employment must be documented with appropriate business license and latest quarterly income tax report.**
10. **With exceptions as noted above, loss of income may be among the following:**
 - a) *Unexpected medical expenses of applicant or family member;*
 - b) *Reduction in hours by employer [except, loss of overtime not acceptable];*
 - c) *Job loss;*
 - d) *Loss of primary earner (death, separation, divorce, hospitalization);*
 - e) *Unexpected and non-routine auto or home repairs with documentation of payment (not made by credit card);*
 - f) *Separation from job due to unhealthy or unsafe working environment.*

NOTE: Loss attributed to theft may be considered only when accompanied by police report filed at the time of loss and prior to date of application and documentation that funds needed for payment were present at the time of theft.

A. EMERGENCY FINANCIAL ASSISTANCE: LIMITATIONS OF ASSISTANCE GUIDELINES

1. All services are contingent upon availability of funding at the moment an application is made;
2. All services are contingent upon vendor (landlord, physician, utility company, etc.) signing appropriate agreement letter stipulating their willingness to work with the client and this division in securing payment;
3. A household is eligible to receive rental and utility assistance (each) only once during a fiscal year (October-September) regardless of the number of individuals in the household;
4. A client may be able to receive rental/mortgage and/or utility assistance from more than one program during the course of a fiscal year based upon the nature of the presenting need, the availability of funds, and specific individual program guidelines;
5. Under no circumstances will clients be able to receive rental/mortgage or utility assistance in consecutive months, or more than once in any six month period;
6. A client (if approved) may receive up to the maximum amount allowed for each service during the course of any fiscal year as funds are available (October 1 – September 30);
7. If a client's household consist of two or more persons, the maximum amount for medical assistance for an individual shall apply to the household (for example: if \$600 is established as the maximum available for the dental assistance, this will apply to the household, not for each individual member);
8. Clients who are not eligible for services, or who have exhausted the assistance available from this division will be referred by staff to other appropriate community agencies;
9. Residents of group homes, residential treatment facilities, transitional housing, rehabilitation facilities, correctional facilities, abuse shelters, halfway houses, hospitals, nursing homes, or other similar programs or individuals being discharged from these facilities must provide documentation of residence in Seminole County for three months prior to admission to the facility to be considered (see Residency Guidelines). *Funds from the Division of Community Assistance may not be used to supplant funds or pay for services provided by these care facilities;*
10. Community Assistance funding will not be used for reimbursement of medical deductibles;
11. Assistance will be considered for trailer rentals, but not for lot rentals;
12. Assistance is not available in cases (medical/dental/eye care) where insurance claims have been filed (deductible coverage or portions of the medical bill not covered by the insurance plan are not eligible for county funding);
13. Assistance will not be approved for any late fees that may be associated with the request;
14. Assistance will not be approved for partial payment of rental/utility bills where non-related individuals share equally the cost of the rental unit/utility;
15. Funds approved by the Division of Community Assistance will be released to the approved vendor only after receiving documented verification of payment of all late fees and balances (money order, check, receipt from vendor indicating payment and balance not larger than the amount approved by the division).

A. EMERGENCY FINANCIAL ASSISTANCE: ELIGIBILITY PROCESS GUIDELINES

ELIGIBILITY PROCESS— The process for determining eligibility is the same for all programs and services and includes the following steps:

APPLICANT RESPONSIBILITIES

- 1) Completed and signed Application form;
- 2) Completed and signed *Client Agreement* form;
- 3) A personal interview with division eligibility staff and sign all required forms;
- 4) Provide all documentation as required
 - A. All income documentation;
 - B. Proof of Seminole County residency;
 - C. Photo I.D.;
 - D. Documentation of need (Demonstrated loss of income: Layoff, reduction of hours at job, unexpected medical expenses, or other event beyond the control of the client);
 - E. Proof of ongoing (future) management;
 - F. Social Security Card for all residents in the household; **(Note: Numbers are verified but no longer copied for case files)**
 - G. Current utility bill at residence;
 - H. As appropriate for service requested
 - i. Three-day notice (rental);
 - ii. Latest/current mortgage statement (mortgage);
 - iii. shutoff notice (utility);
 - iv. new prescription (RX) (no refills);
 - v. medical referral (medical, dental, eye care)

Assistance cannot be provided without the required documentation.

STAFF (CASE WORKER) RESPONSIBILITIES

- 1) Complete interview with client;
- 2) Ensure completion of all application information and client acknowledgments form;
- 3) Verify all documentation provided by client;
- 4) Enter all data into data tracking software;
- 5) Complete case notes as required (Interview, each follow-up, vendor contact, approval/denial, closure);
- 6) Secure appropriately signed forms from client, employer, vendor;
- 7) Provide written determination (approval or denial) to client within one (5) business days of receipt of all necessary documentation;
- 8) Complete case (close) within three (2) working days after determination;
- 9) Submit paperwork for preparation of voucher;
- 10) Coordinate access to other resources that might assist client's self-sufficiency;
- 11) Refer to other services providers when unable to approve application;
- 12) Follow-up as needed with client.

Case Status:

Approved – All information has been received and verified. Case worker has completed all paperwork and submitted for payment and informed client in writing.

Pending – All information has not been received or has not been verified. Case worker must inform client in writing of what is missing or not yet verified. Case must be approved or denied within 30 days or case note entered stating the reason for extension.

Denied – Client is determined not eligible and so notified in writing.

Print Your Name: _____

Date: _____

Completed Seminole County Community Assistance Application (pages 1-4). All sections of the application **must** be completed; if a section does not apply to your household, enter "N/A".

All adult household members (18 years of age or older) **must** sign **pages 3 & 4 of the application**.

Provide copies of Florida Photo ID or Florida Drivers License for all adult household members (18 years of age or older).

Provide **one** of the following documents of verification for all household members under the age of 18 years of age.

- Birth certificate(s) showing the parent/applicant's name as listed;
- School record(s) which show the parent/applicant's name and current address;
- Court-ordered letter(s) of guardianship;
- Divorce decree; or
- Letter(s) of adoption.

Child Support and/or Alimony, AFDC/TANF: (If customer receives no child support, please complete affidavit, (**Attachment I**)).

- Provide copy of Separation or Settlement Agreement or Divorce Decree (*must show Child Support and/or Alimony payment schedule*); or
- Provide a notarized letter from the person paying support; **only** if the support is not court ordered; or
- Provide a printout from the court or government agency through which payments are being made.
- AFDC/TANF Printout from the Department of Children and Families.

Social Security, Pensions, SSI, Disability Income:

- Provide copy of most recent Award or Benefit Statement. A statement is required for **each** household member receiving benefits.

Unemployment Compensation:

- Last four (4) unemployment check stubs; **and**
- Wage/Transcript determination form from unemployment agency; or
- Statement from the Unemployment Office showing payment dates and amounts; or
- Complete and have notarized an AWI form, a copy of the form is available in the Community Assistance Office.

Recurring Contributions and Gifts:

- Provide a notarized statement or affidavit signed by the person providing the assistance giving the purpose, dates, and value of the gifts; or
- Provide a letter from the bank, attorney, or a trustee providing required verification.

Self Employment Income:

- Provide a copy of the last quarter's profit and loss statement; **and**
- Provide completed "Third-Party Verification of Income From Business" form (**Attachment II**); **and**
- Provide copy of last year's tax return; **and**
- Provide three (3) months of the business bank statements.

Employment Income:

EMERGENCY FINANCIAL ASSISTANCE: RENT, MORTGAGE, UTILITIES, MEDICAL, DENTAL, EYE, CHILD CARE, PRESCRIPTIONS, & CSBG SELF-SUFFICIENCY PROGRAMS ONLY

- Last **Thirty (30) day** period of pay stubs;
- All adults (18 years of age or older) in the household who are currently **unemployed and claiming no income**, he/she must provide a written statement indicating how he/she has been paying the household monthly expenses.

ADDITIONAL INFORMATION REQUIRED FOR EMERGENCY FINANCIAL ASSISTANCE SERVICES

Phone: (407) 665-2360 Fax: (407) 665-2358

**Application Hours: Walk in application hours 7:30am – 8:30am Monday, Tuesday & Thursday;
Wednesday by appointment only.**

Rent / Mortgage / Utility

- Attach a hardship letter.
- Provide documentation to support the financial hardship within the last 90 days.
- Provide a utility bill within the last 30 days (electricity, water or gas).
- Provide current lease agreement.
- Provide current mortgage statement **and** an authorization letter allowing Agency staff to speak with your mortgage company.
- Provide original Section 8 Contract – *Section 8 or Public Housing Recipients only.*
- Provide amendment to Section 8 Contract - *Section 8 or Public Housing Recipients only.*

Medical / Dental / Eye

- Provide utility bill within the last 30 days (electricity, water or gas).
- Provide current lease agreement or mortgage statement.
- Provide a medical referral from a licensed physician with required procedure (*Referral(s) must be written within the last 30 days*).
- If you do not have a permanent residence or living in a homeless shelter, provide a notarized statement of homelessness in Seminole County or a letter from the homeless agency on agency letterhead verifying your residency in their facility, including start date and end date of residency.
- Funding will not be used to supplement Medical/Dental Insurance, Medicaid/Medicare or Discount Policy/Plan.

Prescriptions (Rx) (Monday – Friday 7:30am - 3:00pm)

- Provide utility bill within the last 30 days (electricity, water or gas).
- Provide current lease agreement or mortgage statement.
- Provide original prescription(s) from licensed physician – no copied prescriptions or refills, (*Prescription(s) must be written within the last 30 days*).
- If you do not have a permanent residence or living in a homeless shelter, provide a notarized statement of homelessness in Seminole County or a letter from the homeless agency on agency letterhead verifying your residency in their facility, including start date and end date of residency.

Child Care

- Provide utility bill within the last 30 days (electricity, water or gas).
- Provide current lease agreement or mortgage statement.
- Applicant must attend a mandatory orientation;
- Provide a copy of the Provider's Business License, DCF License, and current rate sheet;
- Provide 4C denial letter stating reason for denial; and
- Provide a letter (*company letterhead*) from the childcare provider confirming zero dollar (\$0.00) balance.

CSBG Self-Sufficiency Program (Seen by Appointment Only)

- Provide utility bill within the last 30 days (electricity, water or gas).
- Provide current lease agreement or mortgage statement.
- Copy of current class schedule.
- Copy of school transcript.
- Copy of financial aid award.

Your "APPLICATION" will be denied if you do not provide the requested information. Your "APPLICATION" will be denied if the information is received after all funds have been obligated.

This program is open to all without regard to race, color, national origin, sex, handicap, familial status, or religion. All Seminole County programs are on a first come, first completed basis. Those who supply the Program with all the information needed to process their application while funds are available will be processed first.

Assistance will be provided according to the availability of funding; some restrictions apply.



SEMINOLE COUNTY

FLORIDA'S NATURAL CHOICE

SEMINOLE COUNTY COMMUNITY ASSISTANCE APPLICATION FOR ASSISTANCE

PLEASE CHECK ASSISTANCE APPLYING FOR

- | | | | | |
|--------------------------------------------|--------------------------------------------------|----------------------------------------|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Rent or Mortgage | <input type="checkbox"/> Burial / Cremation | <input type="checkbox"/> Child Care | <input type="checkbox"/> Purchase Assistance | <input type="checkbox"/> Water & Sewer Connection |
| <input type="checkbox"/> Utility | <input type="checkbox"/> CSBG | <input type="checkbox"/> HCRA | <input type="checkbox"/> Foreclosure Prevention | <input type="checkbox"/> Rent Deposit / Utility Deposit |
| <input type="checkbox"/> Dental / Eye-Care | <input type="checkbox"/> Prescriptions / Medical | <input type="checkbox"/> Indigent Care | <input type="checkbox"/> Home Rehabilitation | |

GENERAL INFORMATION

(Please Print Clearly)

	Applicant	Co-Applicant (Spouse or member 18 & older)
Full Name:		
Age & Date of Birth:		
Applicant Street & Mailing Address:		
Street Address:		State:
City:		Zip:
Mailing Address:		State:
City:		Zip:

Telephone Number: _____ Message Number: _____

E-Mail Address: _____

Marital Status: Married Separated Single Divorced Widowed

OTHER MEMBERS IN THE HOUSEHOLD

Name	Date of Birth	Age	Relationship to Applicant	Document Used For Verification

Are you a US citizen? Yes No Are you a permanent resident of the US? Yes No
(If yes, a copy of the resident card must be provided.)

Are you a Seminole County resident? Yes No
Does applicant/co-applicant own a home? Yes No Monthly Rent/Mortgage: \$ _____

Is this a Section 8, Subsidized, TBRA or Public Housing Rental? Yes No
(If yes, provide a copy of current contract **and** latest amendment to contract.)

Do you have Medical/Dental Insurance? Yes No Do you have Medicaid/Medicare Insurance? Yes No
Do you have a medical discount plan/policy? Yes No

Applicant Employment Information:

Current/Last Employer Name:	Phone Number:
Address:	Supervisor:
Position:	Dates Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$ _____	

Co-Applicant Employment Information:

Current/Last Employer Name:	Phone Number:
Address:	Supervisor:
Position:	Dates Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

NOTE: Attach additional sheets as necessary for all household members 18 years and over.

INCOME RECEIVED MONTHLY				EXPENSES PAID MONTHLY			
Employment	\$	Social Security	\$	Food	\$	Medical	\$
Unemployment Compensation	\$	SSI	\$	All Credit Cards	\$	Car Payment(s)	\$
Workmen's Compensation	\$	SSD	\$	Childcare or Child Support	\$	Gas (Automobile)	\$
Pensions (VA, Mil, Retirement)	\$	AFDC/TANF/ESS	\$	Electric & Water & Gas	\$	Car Insurance	\$
Short- or Long-Term Disability	\$	Food Stamps	\$	Phone – (Including Cell Phone & Cable)	\$	Student Loan(s)	\$
Child Support / Alimony	\$	Business or Rental Net Income	\$	All Loan(s) other than Car, Real Estate, Mortgage and Student Loans	\$	Rent, Real Estate & Mortgage Loans	\$

EDUCATION:

Is Applicant, Co-Applicant, or any other household member 18 or older a full-time student? Yes No

If yes, please list member(s) and provide supporting documentation: _____

Are you a high school graduate? Yes No If yes, year of graduation _____, If no, highest grade completed _____

Please list any college degrees or vocational training you have completed _____

EMPLOYMENT:

Are you currently seeking employment? Yes No If no, explain _____

VETERAN:

Are you a Veteran? Yes No or Spouse/Dependent of a Veteran? Yes No If yes to either question, may our Veteran Service Officer contact you? Yes No

HOMELESS:

Are you homeless? Yes No If yes, where are you currently living? ___ family, ___ friend, ___ homeless shelter/facility, ___ other

FOR THE HEARING IMPAIRED: Do you need TTD/TDY access to our staff? Yes No

DO YOU REQUIRE ACCOMMODATIONS FOR HANDICAP ACCESSIBILITY? Yes No

IF YES, WHAT ACCOMMODATIONS DO YOU NEED? _____

Total Household Annual Income: \$ _____

ASSETS AND ASSET INCOME

(For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, Whole Life Insurance, Pensions, etc.)

Type of Asset	Asset Value	Interest Rate	Annual Asset Income
1.			
2.			
3.			
4.			
Total: \$ _____		Total: \$ _____	

Ethnicity/Special Needs

(For reporting purposes only, please check all that apply for Head of Household Only)

White ___ Black ___ Hispanic ___ Asian/Pacific Islander ___ Native American ___

Farm Worker ___ Disabled or Disabled Minor ___ Elderly ___ Homeless ___

Other _____

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record. I/we further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may/will result in the denial of application.

_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
_____ Other Adult Household Member	_____ Date	_____ Other Adult Household Member	_____ Date

THIS SECTION FOR OFFICIAL USE ONLY					
PROGRAM	<input type="checkbox"/> SHIP	<input type="checkbox"/> EHEAP	<input type="checkbox"/> ESGP	<input type="checkbox"/> SCU	<input type="checkbox"/> ADDI
	<input type="checkbox"/> BCC	<input type="checkbox"/> CDBG	<input type="checkbox"/> CSBG	<input type="checkbox"/> EFSP	
Staff Signature:					
Approved:					
Denied:					
Award Amount :					
Reason :					
Appealed: NO <input type="checkbox"/> YES <input type="checkbox"/>					

SEMINOLE COUNTY COMMUNITY ASSISTANCE APPLICATION FOR ASSISTANCE

Please print information, do not use white-out.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize
_____ to release by third party without liability, information

(Leave this line blank, agency to complete)

in regards to employment, income, residency, dependency or claims of loss or other confidential information pertaining to me and/or assets to the Seminole County Community Assistance Office, for the purposes of verifying information provided as part of determining eligibility for assistance under this application for assistance. I understand that only information necessary for determining eligibility can be requested.

TYPES OF INFORMATION TO BE VERIFIED:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but are not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security/SSI, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

Organizations/individuals that may be asked to provide written/oral verifications are, but not limited to:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Past and Present Employers
Previous Landlords <i>(including Public Housing Agencies)</i>
Support and Alimony Providers | Welfare Agencies
State Unemployment Agencies
Social Security Administration | Veterans Administration
Retirement Systems
Banks and other Financial Institutions |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

CONDITIONS:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review this file and correct any information found to be incorrect.

Applicant Sign Your Name	Print Your Name	Date
Co-Applicant Sign Your Name	Print Your Name	Date
Other Adult Member Sign Your Name	Print Your Name	Date
Other Adult Member Sign Your Name	Print Your Name	Date

Note: This general consent may not be used to request a copy of a tax return.

CHILD SUPPORT AFFIDAVIT

Applicant/Resident: _____

Please Print

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment. Child support amounts awarded by the courts but are not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state programs, the following information is needed.

A. Do you receive child support?Yes No

Go to B

Go to C.1

B. I receive:

1. Payment amount: \$ _____
2. Frequency: _____
3. Child(ren) name(s): _____
4. Name of source(s): _____
5. **Go to C.1**

C.

- 1.
- Have you been awarded child support by court order?**

Yes No

Go to C.2

Sign Form

- 2.
- Provide copy of entire document, enter amount of award.**

\$ _____, and frequency _____; **go to C.3**

- 3.
- Is payment being received as awarded?**

Yes No

Go to 3.a

Go to 3.b

- a) Indicate the manner by which payment is received and sign form.

i. _____ Enforcement **Agency Name:** _____ii. _____ Court of Law **Name of Court:** _____iii. _____ Direct from
Responsible Party **Name Source(s):** _____
(Must provide affidavit or statement from the source.)

iv. _____ Other

Explain: _____

- b) If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083.

Applicant/Resident Signature_____
Date

THIRD PARTY VERIFICATION OF INCOME FROM BUSINESS

In order to determine eligibility for program assistance your cooperation in providing the requested information below is required. When submitting this document also provide the required documentation listed in the application checklist under "Self Employment Income".

Please submit information to:

Name: Seminole County Government

Division: Community Assistance

Address: 534 West Lake Mary Blvd, Sanford, FL 32773

Phone: (407) 665-2360

Complete the (applicable) sections below:

Gross Income: \$ _____

Expenses (Provide Amounts for Applicable Expenses):

Interest on Loans:	\$ _____	Costs of Goods/Materials:	\$ _____
Rent:	\$ _____	Utilities:	\$ _____
Wages/Salaries:	\$ _____	Employee Contributions:	\$ _____
Federal Withholding Tax:	\$ _____	State Withholding Tax:	\$ _____
FICA:	\$ _____	Sales Tax:	\$ _____
Other:	\$ _____	Other:	\$ _____
Straight Line Depreciation:	\$ _____		
		Total Expenses:	\$ _____

Net Income: \$ _____

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 and 775.083.

Signature: _____

Printed Name: _____ Title: _____

Date: _____ Phone: _____