Charlotte Area Fund, Inc.
General Application For Services

Date: ____________________ **Social Security No.** **(Last 4 digits)**____________________

Last Name: ____________________________ **First Name:**____________________ **MI:** ______________________________

Address:____

City: ________________________________ **State:** _________________________ **Zip:** _____________________________

Email Address: _______________________ **Primary Phone #:** _______________ **Cell/Alt. Phone #:** _________________

Gender: **M** ☐ **F** ☐ **Race:** ________________________ **Date of Birth:** ____________________

Emergency Contact Name: ____ **Phone#:** ________________________

Contact Address: ____ **City:** _______________________ **State Zip:** __________

Please Circle All That Apply

Housing Status: Homeowner / Private Renter / Homeless / Subsidized Housing / Transitional/ Shelter

Education Level:
0 - 8th
9th - 12th (non-graduate)
High School Graduate
High School Equivalency Diploma, i.e. GED
College (non-graduate)
College/Technical (Graduate)
Post Graduate

Family Type:
Single Parent (female)
Single Parent (male)
Two-Parent Household
Single Person
Two Adults (No Children)
Other:

Family/Household Size:
One
Two
Three
Four
Five
Six
Seven
Eight or More

# of Applicant's Tax Dependents ________

Family/Household Members

Name	DOB	Relationship to Client	Last 4 Digits of SS#	Income Amt/Period	Source
Applicant					

Household Source of Income and Monthly Amount:

No Income
Employment Wages $ _______per____
Retirement / Pension $ _______per____
Social Security $ _______per____
SSI $ _______per____
TANF $ _______per____
Unemployment $ _______per____
VA $ _______per____
Child Support $ _______per____
Food Stamps $ _______per____
Other $ _______per____
Total: $ ______________

Disabled: Yes / No
Health Insurance: Yes / No
Veteran: Yes / No
Medicaid Yes / No
Farmer Yes / No
Seasonal Farmworker Yes / No
Migrant Farmworker Yes / No

Employment Information: Circle All That Apply
Unemployed (seeking a job)
Underemployed (seeking better job)
Employed (Full-Time @30+ hours/wk)
Employed (Part-Time @<30 hours/wk)

Employment History (most recent): **Please attach a resume if available**

Current/Previous Employer: ______________________________________ **Hours/week:** ____________________
Address:____ **Phone #:** _______________________
Job Title: ____ **Job Start Date:** __________________
Rate of Pay: ____ **Job End Date:** ___________________

Previous Employer: ____ **Hours/week:** ____________________
Address:____ **Phone #:** _______________________
Job Title: ____ **Job Start Date:** __________________
Rate of Pay: ____ **Job End Date:** ___________________

Previous Employer: ____ **Hours/week:** ____________________
Address:____ **Phone #:** _______________________
Job Title: ____ **Job Start Date:** __________________
Rate of Pay: ____ **Job End Date:** ___________________

Special Training/Skills: 1. ______________________ 2. ________________________ 3. _________________
4. ______________________ 5. ________________________

CAF General Application For Services

Services Needed: Circle All That Apply

1. Employment
2. Rent/Mortgage Assistance
3. Emergency Food
4. Transportation Assistance
5. Medicine
6. Bill Assistance
7. Training Skills
8. Education Enhancement
9. Housing Repairs
10. Other ______________________

SELF-DECLARATION OF INCOME

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE TOTAL INCOME FOR MY FAMILY/HOUSEHOLD WAS $ ______________________ AND DID NOT EXCEED $__________________FOR THE PAST 12 MONTHS.

CERTIFICATION AND WAIVER OF PRIVACY RIGHTS STATEMENT

I further certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and I may have to provide documents to support it. I am aware that I may be denied assistance if I am found ineligible. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I have been notified of my right to appeal any denial of service or assistance for which I may be eligible, and the procedure for appeal.

I allow release of information contained herein for purposes of verification.

Applicant's Signature: Date:

Interviewer's Signature: Date:

Statement of Eligibility

Persons who apply to the Charlotte Area Fund, Inc. for services must be at or below income limits set for each program. Based on the information you have provided CAF, I have determined you are:

☐ **ELIGIBLE**

☐ **INELIGIBLE due to one or more of the following:**

- ☐ Over income status per income guidelines.
- ☐ Voluntary Withdawal/Customer Requested Case Be Closed
- ☐ Proof of Eligibility Not Provided/Required Information Not Provided
- ☐ Other ____

This determination may be changed if additional information verifies that your income is over/under the income guidelines for eligibility.

____

CAF Staff Signature Title

____

Date

PROCEDURES FOR REQUESTING AN APPEAL IF YOU ARE DENIED SERVICES

1. If for any reason a customer/client is denied services, a written notice must be sent to the customer/client within **10 days** from the date of the denial. The written notice will include reasons for denial of assistance, the opportunity to submit additional written information that may favorably determine eligibility, and the deadline for submitting such information. Where feasible, the CAF staff member and supervisor should speak with the individual to provide further explanation of the reasons for denial.
2. If not satisfied with the explanation provided, the customer/client may appeal the decision by submitting a written appeal and support documents within **7 days** to the following address:

   Programs Director
   Charlotte Area Fund, Inc.
   PO Box 34188
   Charlotte, NC 28234-4188

   The customer/client may request a hearing to provide additional information for re-evaluation of the individual's eligibility determination. The hearing will be held within **7 days** of the written request to the agency. Prior to the hearing or at the time of the hearing, the customer/client should provide additional information for the over-rule of the denial.
3. Once the new/updated information is received and reviewed by the Programs Director, the customer/client will be notified in writing within **7 days** after the hearing of the appeal decision regarding the eligibility status for the service previously denied.
4. If the customer/client is not satisfied with the Programs Director's decision, the customer/client may appeal the verdict by submitting a written appeal and support documents within **7 days** of receipt of the Programs Director's decision to the Executive Director at the above address. The Executive Director will review the information and notify the customer/client within **7 days** after receipt of the information of the appeal decision regarding the eligibility status for the service previously denied.
5. If the customer/client is dissatisfied with the decision of the Executive Director, the customer/client may submit a final written request for an appeal within **7 days** of receipt of the Executive Director's verdict to the Charlotte Area Fund, Inc. Board of Directors for a decision regarding the denied services. The Board of Directors will review the information and notify the customer/client within **14 business days** after receipt of the information of their appeal decision regarding the eligibility status for the service previously denied. The Board of Directors' decision is final.