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** D **F** D **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. _____

(PLEASE COMPLETE THE NEXT PAGE)

CAF General Application For Services

Services Needed: Circle All That Apply

1. Employment
2. Training Skills
3. Education Enhancement
4. Weatherization/Housing Repairs (HHF)
5. 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.