

COMMUNITY CHRISTMAS 2018



Applications will be accepted October 9, 2018 through November 16, 2018

This application must be submitted upon completion to Highland County Community Action at : 1487 North High Street Suite 500 Hillsboro, OH 45133. If you have any question regarding this program please call Angie at 937-393-3458 ext. 175.

WE WILL NOT ACCEPT APPLICATION IF YOU DO NOT HAVE ALL THE INFORMATION THAT IS LISTED!

All fields must be filled in on this page and verification of the following must be submitted:

1. proof of household - social security cards, or custody papers
2. proof of income for all household members (last 30 days from date of application)
3. a phone number that you can be reached at, both day and evening

It is possible that children over the age of 14 would not be eligible for the Community Christmas benefit if funding and application levels prohibit their inclusion.

4. 18 AND OVER WILL NOT BE SERVED.

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

SCHOOL: _____

PHONE (REQUIRED): _____

MESSAGE PHONE (REQUIRED): _____

PLEASE COMPLETE THE NEXT FIVE PAGES OF THIS APPLICATION SO IT CAN BE PROCESSED!

WE WILL MAKE TWO ATTEMPTS TO CONTACT YOU BY PHONE SO IT IS VERY IMPORTANT THAT WE HAVE A GOOD PHONE NUMBER OR MESSAGE NUMBER.

I verify that all statements made by me on this form are true and correct. I realize that I may be held civilly and criminally liable under Federal and State laws for knowingly giving false and/or fraudulent statements.

Signing below indicates I have read and understand the rules of this program.

PARENT'S FIRST NAME: _____



1. CHILD FIRST NAME: _____ DOB _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____

FAVORITE COLOR: _____ WANTED TOY: _____

MALE OR FEMALE: _____

2. CHILD FIRST NAME: _____ DOB _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____

FAVORITE COLOR: _____ WANTED TOY: _____

MALE OR FEMALE: _____

3. CHILD FIRST NAME: _____ DOB _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____

FAVORITE COLOR: _____ WANTED TOY: _____

MALE OR FEMALE: _____

4. CHILD FIRST NAME: _____ DOB _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____

FAVORITE COLOR: _____ WANTED TOY: _____

MALE OR FEMALE: _____

5. CHILD FIRST NAME: _____ DOB _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____

FAVORITE COLOR: _____ WANTED TOY: _____

MALE OR FEMALE: _____

6. CHILD FIRST NAME: _____ DOB _____

SHIRT SIZE: _____ PANT SIZE: _____ SHOE SIZE: _____

FAVORITE COLOR: _____ WANTED TOY: _____

MALE OR FEMALE: _____

Client Number:		Agency:		Application Date:	
		Highland County Community Action Org. Inc.			
Primary Applicant First Name		M.I.		Last Name	
Social Security Number		Date of Birth		Gender	
___ / ___ / ____		___ / ___ / ____		<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male	
Household Information:					
Household Size:		Family Type		Building Type	
		<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other		<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)	
Housing Status					
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other					
Customer Address:					
Current Service Address:			Apartment/Lot/Unit Floor:		
Current Mailing Address (if different from above):			Apartment/Lot/Unit Floor:		
City:	State:	Zip Code:	County:		
Phone Number:			Email Address:		
Preferred method of contact?					
Primary Applicant Demographic Information:					
Ethnicity		Race		Education	
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White		<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school	
Client Disabled?		Military Status		Is Client a US Citizen?	
<input type="checkbox"/> Yes		<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military		<input type="checkbox"/> Yes	
Work Status		Health Insurance Type		Non-Cash Benefits	
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school		<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults		<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC	
Additional Household Members:					

First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___ / ___ / ____	__ / __ / ____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___ / ___ / ____	__ / __ / ____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

Countable Income Information

First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/____	___/___/____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	<input type="checkbox"/> Yes
Work Status	Health Insurance Type	Non-Cash Benefits
<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC
First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/____	___/___/____	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity	Race	Education
<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Client Disabled?	Military Status	Is Client a US Citizen?
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<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

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Social Security Number	Date of Birth	Gender
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First Name	M.I.	Last Name
Social Security Number	Date of Birth	Gender
___/___/___	___/___/___	<input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity	Race	Education
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Work Status	Health Insurance Type	Non-Cash Benefits
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Customer Name:	Total Amount Received	Period Received (30, 90 or 365 days)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Income Category:		Frequency:	Total Amount:
<input type="checkbox"/> Fixed	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> SSA <input type="checkbox"/> Pension <input type="checkbox"/> Window/Widower's benefit <input type="checkbox"/> Adoption Assistance <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung pension	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Earned	<input type="checkbox"/> Wages <input type="checkbox"/> Self-employment <input type="checkbox"/> Active Military Pay <input type="checkbox"/> Ohio Electronic Child care	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Supplemental	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Ohio Works First (TANF, ADC)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> Other	<input type="checkbox"/> Cash withdraws from: IRA, Annuities, Other investments <input type="checkbox"/> Lump sum payout from: SSI, SSDI, Estate & Trust settlements, Divorce settlements, insurance payout, lotter winnings <input type="checkbox"/> Interest Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
<input type="checkbox"/> None			\$ _____
Total:			\$ _____

Deductions:		
Deductible Income:	Frequency:	Total Amount:
<input type="checkbox"/> Health Insurance Premiums <input type="checkbox"/> Health Care Spending Accounts <input type="checkbox"/> Medicaid Spend Down (deductibles) <input type="checkbox"/> Medicare Part D (RX premium) <input type="checkbox"/> Child Support paid-out <input type="checkbox"/> Attorney fees for estate or trust settlements	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Total Household Income (Countable Income – Deductions)		\$ _____
Federal Poverty Level:		_____ %

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: _____ Date: _____

Approved by: _____ Date: _____

Excluded Income		
Excluded Income:	Frequency:	Total

		Amount:
<input type="checkbox"/> Agency Orange Pension <input type="checkbox"/> Veterans affairs, service related disability <input type="checkbox"/> Handicapped income (i.e. work programs for the blind or disabled) <input type="checkbox"/> Title V wages (i.e. senior employment programs) <input type="checkbox"/> Volunteers in Service to America Stipend (VISTA) <input type="checkbox"/> Work allowances (work requirement to receive OWF assistance) <input type="checkbox"/> Income earned by dependent minors <input type="checkbox"/> Tax refunds/rebates <input type="checkbox"/> Education assistance (grants stipends for tuition/books) <input type="checkbox"/> Stipends for foster care <input type="checkbox"/> Military allowances for subsistence <input type="checkbox"/> Ohio waiver program (Medicaid benefit for caregiver) <input type="checkbox"/> Prevention retention and contingency (i.e. emergency services, rental asst.) <input type="checkbox"/> transportation allowances (WIOA) <input type="checkbox"/> Proceeds from reverse mortgage <input type="checkbox"/> FEMA, cash payments <input type="checkbox"/> Title III Disaster relief emergency assistance	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____

Expenses:	
Expense Type:	Total Monthly Expense amount:
Food	\$ _____
Shelter	\$ _____
Child Care	\$ _____
Transportation	\$ _____
Utilities	\$ _____
Total:	\$ _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES

Customer Name: _____

My signature on this form acknowledges that I have read and understand the Highland County Community Action Organization Inc.'s Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by the Highland County Community Action Organization, Inc. and of my rights with respect to my health information.

I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

Customer's Signature

Date

Signature of Customer's Representative

Date

If Customer is unable to sign