



Southwest Michigan Community Action Agency

SERVING BERRIEN, CASS, AND VAN BUREN COUNTIES

Helping People. Changing Lives.



185 E. Main St., Suite 303
Benton Harbor, MI 49022

Tel: (269) 925-9077
Fax: (269) 934-8242
contact@smcaa.com
www.smcaa.com

Required Application Documents

This is *NOT* for Weatherization – Call (269)925-9077 and ask for Weatherization

The following are documents you **must include** with your application for any services from SMCAA. Please read the list carefully. If you do not include all required documents, your application will not be processed. Please send copies and not original documents.

- 1. Proof of Identification:** Social Security cards for all members in the household and Birth certificates for infants under the age of 12 months. Document for all foster children in the household. (A copy of letter from MDHHS or other Social Service agency). Copy of I.D. of head of household and a picture of head of household holding their I.D.
- 2. Proof of Income:** All earned income information for everyone 18 years and older who resides in the household. (Please include all documentation which apply to members of your household) All documentation below if applicable. Unearned income is counted for every member of the household.

Examples of Earned and Unearned Income

- If paid weekly submit paystubs for the last 4 consecutive weeks. If paid twice a month or every two weeks include 2 consecutive paystubs.
 - If self-employed a copy of the latest federal income tax statement or last 4 consecutive paystubs.
 - Pension, veteran and disability, Soc. Sec. or SSI benefits benefit award letter.
 - Unemployment benefits: Copy of award statement.
 - Child Support/ Alimony: Statement of total monthly support.
 - TANF or General Assistance award letter or printout.
 - Unemployed household members age 18 and over must have the following documentation. Zero Income statement not notarized. If full-time student a letter which must be on school letterhead.
- 3. Proof of Emergency:**
 - Utility Assistance:** Copy of Utility bill
 - Rent/Mortgage:** Copy of current lease and letter from Landlord with total amount you are behind on rent.

**When you have completed the application and obtained all required documents, please call for an appointment:
(269) 925-9077**



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Applicant Information	Last Name			First Name			MI	Household Type	Single Person	Check the box that applies to your household type	Housing	Check the box that applies to your housing situation	
	Address			Apt #					Two Adults NO Children			Own	
	City			State			MI		Single Parent Female			Rent	
	Phone Number			Email					Single Parent Male	Other Permanent Housing			
									Two Parent Household	Homeless			
									Non-related Adults with Children	Other			
									Multi-Generational Household				
							Other						

Household Information

	Names	M/F	Date of Birth	Relationship	Social Security #	Race	Ethnicity
1				Applicant			
2							
3							
4							
5							
6							
7							
8							
9							
10							

Household Information continued

	Names	Education Level	Health Insurance	Work Status	Military?	Disabled?	US Citizen?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Main Language in Household: _____

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Be sure to fill in all fields for all members of the household. Incorrect or incomplete information could result to your application being denied.



Applicant Information				Office Use Only			Certification		Contributions	
	Last Name	First Name	MI		Date Application was Received	Approved		Utility Funds	\$ _____	
	Address					Denied		DHHS	\$ _____	
	Apt#				Interviewer	Income Eligible		Other	\$ _____	
	MI					Not Income Eligible		Comments		
	City	State	Zip		Adjusted Application Date					
Phone Number	Email		Caseworker			Date				

Household Income - List ALL household members income				Income Sources					
	Names	Pay Cycle	Amount	Employed		Other Source		Non-Cash Benefits	
1				Yes	No	Yes	No	Yes	No
2				Yes	No	Yes	No	Yes	No
3				Yes	No	Yes	No	Yes	No
4				Yes	No	Yes	No	Yes	No
5				Yes	No	Yes	No	Yes	No
6				Yes	No	Yes	No	Yes	No
7				Yes	No	Yes	No	Yes	No
8				Yes	No	Yes	No	Yes	No
9				Yes	No	Yes	No	Yes	No
10				Yes	No	Yes	No	Yes	No

Household Income Other Sources & Non-Cash Benefits	<i>Check ALL Other Sources Income that applies to your Household</i>				<i>Check ALL Non-Cash Benefit Sources that apply to your Household</i>					
	TANF				SNAP					
	Supplemental Security Income (SSI)				WIC					
	Social Security Disability Income (SSDI)				LIHEAP					
	VA Service-Connected Disability Pension				Housing Choice Voucher					
	VA Non-Service Connected Disability Pension				Public Housing					
	Private Disability Insurance				Permanent Supportive Housing					
	Worker's Compensation				HUD-VASH					
	Retirement Income from Social Security				Childcare Voucher					
	Pension				Affordable Care Act Subsidy					
	Child Support				Other					
	Alimony or other Spousal Support				Total Monthly Household Income					
	Unemployment Insurance									
EITC										
Other										



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SMCAA Emergency Service Application Signature Page

I certify that information given in this application is true, complete and correct to the best of my knowledge. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any other sources. I understand that my Social Security Number will be used to request and exchange information with other agencies and authorizing companies as part of the eligibility verification process. Southwest Michigan Community Action Agency (SMCAA) may use my information to get wage data, amount of earned income, interest income, Social Security benefits, pensions, or veteran's benefits. I understand that I may request a review and/or fair hearing if I am not satisfied with any action taken as a result of this application. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application and may be required to repay benefits received as a result of false statements.

By signing below, I acknowledge that additional information or documentation may be necessary to determine or confirm my household's eligibility for assistance. I agree to cooperate with any reasonable requests to provide information, and understand that my failure to cooperate may result in termination, suspension, or repayment of assistance.

SIGN FULL NAME BELOW

Applicant Signature

DATE



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Release of Information Form

Applicant Name:

Date:

Physical Address:

City/State/Zip:

MI,

All Household Members over the age of 18 years MUST sign the Release of Information Form.

I grant permission to Southwest Michigan Community Action Agency (SMCAA):

- Provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for SMCAA programs and programs administered by the CAA;
- Provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies;
- Provide information to and obtain information from the agencies listed above or others as needed to determine and confirm eligibility for SMCAA programs and programs administered by the CAA; and
- Disclose my personal information for the determination of eligibility for programs administered by state, federal, and local agencies.

I also grant permission to state and federal agencies to share my personal information relevant to application for SMCAA programs. I understand this information may include the benefits I received.

I specifically grant permission to the Michigan Department of Health and Human Services, the Michigan Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to application for SMCAA program and other SMCAA programs.

Printed Name – Applicant

Social Security Number

Signature

Date

Printed Name – 2nd Member

Social Security Number

Signature

Date

Printed Name – 3rd Member

Social Security Number

Signature

Date

Printed Name – 4th Member

Social Security Number

Signature

Date

I give consent for one (1) year for SMCAA staff to refer my name to other SMCAA programs or to other agencies for services that I may be eligible. I further agree to allow SMCAA staff to verify any information vital to determine eligibility and provision of services.

Primary Applicant Signature

Date



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Emergency Resolved and Not Reoccur

Date:

Program:

Due to following circumstances, I have been unable to pay my utility/rent;

Please explain how this assistance will resolve the emergency and why it will not reoccur;

I understand that by accepting this assistance from Southwest Michigan Community Action Agency, I must within thirty (30) working days complete an application for Weatherization assistance. Failure to comply may result in refusal of future services.

Applicant Signature

Date

Intake Worker Signature

Date



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SOUTHWEST MICHIGAN COMMUNITY ACTION AGENCY GRIEVANCE/APPEALS PROCEDURES

It is the intent of SMCAA to provide all participants, sub grantees, subcontractors and other interested parties a process to resolve grievances or complaints about the programs and activities administered by SMCAA. The procedure shall include a process of information and notification to all interested parties, which includes an informal resolution and appeal.

All program and service grievances or complaints, except those alleging fraud or criminal activity, must be filed within 30 days of the date of the alleged occurrence. At any time during the grievance/complaint process you may contact the agency regarding the procedures to properly address your concerns at each level of the process.

The process includes three components or levels as follows:

1. Informal Resolution:

You will be afforded the opportunity and encouraged to discuss your concern with program managers to resolve the matter to the mutual satisfaction of the parties involved this must be done in writing. A complaint may be dismissed if you fail to state a course of action for which relief can be granted. You will receive a written notice stating why your complaint was dismissed and a hearing request form.

2. Request for Hearing:

If you receive a Hearing Request form you will need to fill it out promptly and send it back to the agency. This form needs to reach us within 30 days of the denial. SMCAA will research the complaint and set up a meeting in person or over the phone with the Executive Director and Program Manager so you can discuss your issue. If you are not satisfied with the outcome you can go to level 3.

3. Grantor Level Review:

A request for review of your grievance or complaint shall be submitted in writing within 15 days of receipt of the adverse decision or 15 days from the date on which you should have received a decision to one of the grantee agencies on the attached sheet. Since SMCAA receives grant funds from many state, federal and other agencies, your request for review should be directed to the appropriate organization.

ALL DECISIONS AT THE GRANTOR LEVEL REVIEW ARE FINAL



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GRANTOR LIST

Emergency Solutions Grant (ESG) Homeless Housing Assistance Housing

Michigan State Housing Development Authority
735 E. Michigan Ave.
PO Box 30044
Lansing, MI 48909

EUAP, ESFP

United Way of SW Michigan
2015 Lakeview Ave.
St. Joesph, MI 49085

Family Emergency Shelter Emergency Housing

Education
The Salvation Army
6130 Northland Dr.

Southfield, MI 48075

Food Programs

Michigan Department of

PO Box 30008
Lansing, MI 48909

CSBG, Water Program and Weatherization

Department of Health and Human Services
Urban Development
BCAEO

Administrative Hearings

PO Box 30037

235 South Grand Avenue

Lansing, MI 48909

Permanent Supportive Housing

U.S. Department of Housing and

477 Michigan Avenue, 16th Floor

Detroit, MI 48226-2592

Rapid Rehousing/ DHHS CON Program

Rights
MDHHS Housing and Homeless Division
235 S Grand Ave. Suite 1110
Lansing, MI 48933

Civil Rights Complaints on Any

Michigan Department of Civil

Victor Center, Ste. 700
201 N. Washington Square
Lansing, MI 48913



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RECEIPT OF GRIEVANCE/APPEALS PROCEDURE

This document certifies that I have received a copy of the Southwest Michigan Community Action Agency (SMCAA) Programmatic/Client Grievance/Appeals Procedures.

I have been informed by agency staff of my right to request a formal review of the eligibility determination made in response to my formal application and request for assistance under the

Program

Grant Fiscal Year

Applicant Signature

Date



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CARES Checklist for Clients

- Copy of proof of Emergency (i.e. utility bill, letter from landlord and lease, mortgage invoice, car payment invoice, for car repairs (title and estimates by license contractor), emergency home repairs (proof of ownership of home and estimate by licensed contractor).
- Client Application
- Copy of Household income with income calculation sheet
- Release of Information
- Emergency resolved and not reoccur form
- Copy of Head of Household ID (if services are not provided face to face have applicant take a picture of themselves holding ID)
- Copy of all Household Social Security Cards
- Receipt of Grievance/Appeals Procedure

Applicant Signature

Date

Signature of Caseworker

Date



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