

Applicant Information	Last Name _____		First Name _____		MI _____
	Address _____			Apt # _____	
	City _____		State MI _____	Zip _____	
	Phone Number _____		Email Address _____		
	Household Type				
<input type="checkbox"/> Single Person <i>Check the box that applies to your household type</i> <input type="checkbox"/> Two Adults NO Children <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multi-generational Household <input type="checkbox"/> Other					
Housing					
<input type="checkbox"/> Own <i>Check the box that applies to your housing situation</i> <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> 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: _____

Southwest Michigan Community Action Agency (SMCAA) is dedicated to empowering diverse people in need and supporting their journey towards economic security.

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	Last Name		First Name		MI	Office Use Only	Date Application was Received		Certification		Contributions			
	Address						Apt #	Interviewer		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Income Eligible <input type="checkbox"/> Not Income Eligible		<input type="checkbox"/> Utility Funds \$ <input type="checkbox"/> DHHS \$ <input type="checkbox"/> Other \$		
	City		State		Zip		Adjusted Application Date				Comments			
	Phone Number		Email Address				Caseworker		Date					

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

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>		
	<input type="checkbox"/> TANF <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Disability Income (SSDI) <input type="checkbox"/> VA Service-Connected Disability Pension <input type="checkbox"/> VA Non-Service Connected Disability Pension <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony or other Spousal Support <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> EITC <input type="checkbox"/> Other		<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other		
		Total Monthly Household Income		Total Income Sources	

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 in 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

Signature of Applicant

DATE



185 E Main, Suite 303
Benton Harbor, MI
49022-4432

Tel: (269) 925-9077

Fax: (269) 934-8242
contact@smcaa.com

Southwest Michigan Community Action Agency



HELPING PEOPLE. CHANGING LIVES
Serving Berrien, Cass, and Van Buren Counties

INCOME WORKSHEET

CAA Name: Southwest Michigan Community Action Agency

CAA Phone: 269-925-9077

CAA Website: www.smcaa.com

Applicant Name: _____ Date of Application: _____
Physical Address: _____ City/State/Zip: _____

Income Verification Period: From- _____ To- _____

1. NON-EARNED INCOME (Gross TANF, VA, SS, SSI, Pension, Annuity, Unemployment)

Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$

2. EARNED INCOME (Gross Wages, Self-Employment, Rental Income, Odd Job Income)

Household Member	Employer	Employment Dates	1 Month	3 Months	12 Months
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

3. MISCELLANEOUS INCOME (Gross Interest, Dividends, Child Support, Alimony, Worker's Comp, Other)

Household Member	Source	Amount	Frequency	1 Month	3 Months	12 Months
		\$		\$	\$	\$
		\$		\$	\$	\$
		\$		\$	\$	\$

4. ZERO INCOME (The following adult Household members living in the residence had zero income during one or more of the month(s) of the Income Verification Period specified above.)

Household Member	Date/Place of Last Employment	Date Unemployment Last Received	OR Full Time Student At

4a. If the Household has zero income how are basic living expenses being paid? (e.g., housing, food, transportation, etc.) (Examples of sources: gifts, loans, self-employment, etc.)

Source	Frequency	1 Month	3 Months	12 Months
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

5. CHILD SUPPORT DEDUCTION (Gross Court ordered child support paid by a Household member may be deducted from income)

Household Member	Frequency	1 Month	3 Months	12 Months
		\$	\$	\$
		\$	\$	\$

6. NOTES (If additional space is needed, attach separate sheet.)

Under penalty of perjury, I certify that the information I gave is true, correct, and complete to the best of my knowledge. If I have knowingly given false, misleading or incomplete information, I understand I may be subject to criminal prosecution, liable to Southwest Michigan Community Action Agency for repayment of any benefits received, and/or risking my future eligibility for benefits.

Primary Applicant Signature/Date

Certifier Signature/Date





185 E Main, Suite 303
Benton Harbor, MI
49022-4432

Tel: (269) 925-9077

Fax: (269) 934-8242
contact@smcaa.com

Southwest Michigan Community Action Agency



HELPING PEOPLE. CHANGING LIVES
Serving Berrien, Cass, and Van Buren Counties

Release of Information Form

CAA Name: Southwest Michigan Community Action Agency

CAA Phone: 269-925-9077

CAA Fax: 269-934-8242

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

CAA Email: contact@smcaa.com

CAA Website: www.smcaa.com

Applicant Name: _____

Physical Address: _____

City/State/Zip: _____

Date of Application: _____

Instructions: All household members 18 years old or older 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

Signature

Social Security Number

Date

Printed Name

Signature

Social Security Number

Date

Printed Name

Signature

Social Security Number

Date

Printed Name

Signature

Social Security Number

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

If the applicant declines to sign this release, a denial of service will be issued.



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. 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 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

GRANTOR LIST

Homeownership Counseling/ Homeless Housing Assistance Housing

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

Family Emergency Shelter Emergency Housing

Takisha Jones, Region 8 &9 Director
The Salvation Army
6130 Northland Dr.
Southfield, MI 48075

MPSC, LCA, Weatherization, CSBG, Emergency Housing

Department of Health and Human Services
BCAEO
Administrative Hearings
PO Box 30037
235 South Grand Avenue
Lansing, MI 48909

ESFP – Berrien Co.

Anna Murphy
United Way of SW Michigan
2015 LakeView Ave.
St. Joesph, Mi 49085

Food Programs

Michigan Department of Education
PO Box 30008
Lansing, MI 48909

Emergency Solutions Grant

Michigan Housing Development Authority
735 E. Michigan Ave
P.O. Box 30044
Lansing, MI 48912

Permanent Supportive Housing, Rapid Rehousing

Department of Health and Human Services Housing
and Homeless Division
235 E. Grand Ave. Suite 1110
Lansing, MI 48933

ESFP – Van Buren County

VB FEMA Board
81611 White Oak Drive
Decatur, MI 49045

Civil Rights Complaints on Any Program

Michigan Department of Civil Rights
Victor Center, Ste. 700
201 N. Washington Square
Lansing, MI 48913

SOUTHWEST MICHIGAN COMMUNITY ACTION AGENCY

Serving Berrien, Cass and Van Buren Counties

185 E. Main, Suite 303

Benton Harbor, MI 49022

269.925.9077

800.334.7670

RECEIPT OF GRIEVANCE/APEALS 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