

PAGOSA OUTREACH CONNECTION APPLICATION FOR ASSISTANCE

Pagosa Outreach Connection (POC) meets weekly to consider applications for assistance. Completed applications including all documentation must be received before Monday at 12 noon. Applications may be dropped off in drop boxes at the Methodist Church, 434 Lewis St. or at Archuleta County DHS, 550 Hot Springs Blvd., A, in front of the ACDHS entrance.

Guidelines for Application

- The applicant must be a resident of Archuleta County.
- The applicant must normally be self-sufficient.
- The applicant must be experiencing emergency financial hardship.
- The application must be filled out completely with supporting documentation.
- Funding cannot be used for deposits or late fees.
- Funding is limited to \$1500.
- Multiple requests are not considered.

POC Process

- Application is reviewed for completeness. Incomplete applications are rejected.
- The applicant is called for an interview
- If guidelines are met, the application is presented to the full committee for consideration.
- The applicant is notified of the decision to approve, deny, or table the request pending additional information.
- If approved, payment is made directly to the service provider via check only.

FILL OUT APPLICATION COMPLETELY

1. Attach required documentation. (Copies of past due bills, estimates, mortgage or lease)
2. Sign "AUTHORIZATION FOR RELEASE OF INFORMATION" page 7
3. Complete expense and income page (include SSDI, SSI, work income, support, etc.)
4. Use back of sheet if needed to explain your need for assistance, please give detailed information.
5. MAKE YOUR CASE with accurate and honest statements.
6. It is recommended that you make and keep a copy of this application.

Pagosa Outreach Connection (POC) prohibits discrimination in its program on the basis of race, color, national origin, sex, age, disability, political beliefs and marital or family status.

I have read and understand the guidelines for applying for financial assistance.

Applicant Signature

Date

Co-Applicant Signature

Date

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT YOUR CONSENT OF UNDERSTANDING

ITEMS FOR CONSIDERATION AND REQUIRED DOCUMENTATION

Rent or Mortgage Assistance:

- Attach a statement or coupon from landlord or mortgage holder detailing amount due, amount past due and date due. Attach lease agreement if rental.
- Include phone number and address of landlord or mortgage company.
- Include any eviction or foreclosure notice.

RENTAL AND UTILITY DEPOSITS EXCLUDED

Utility Assistance:

- Attach shut-off notice or last bill from utility company.

Automobile Payment or Automobile Insurance:

- Attach payment stub or insurance bill.

Automobile Repair:

- Attach two repair estimates.

Other emergent needs may be considered on a case-by-case basis.

We are aware that some of these questions may be uncomfortable or difficult to answer. Please answer each question completely, accurately and honestly. This information will assist us in making a decision regarding your application for financial aid.

REFERRAL AGENCY OR INDIVIDUAL _____

NAME OF APPLICANT _____ AGE _____

CO-APPLICANT _____ AGE _____

ADDRESS _____

CELL PHONE _____ EMAIL _____

NAMES AND AGES OF ALL OTHERS LIVING IN HOUSEHOLD INCLUDING CHILDREN

ARE YOU A VETERAN? YES _____ NO _____

AMOUNT REQUESTED _____ **(MUST MATCH DOCUMENTATION)**

Funding is limited to \$1500. Your application may be partially funded.

ASSISTANCE TO BE USED FOR: _____
RENTAL AND UTILITY DEPOSITS EXCLUDED

SERVICE PROVIDER:

(Include name, address, phone number, contact person, account number and copy of bill)

EMPLOYMENT INFORMATION OF APPLICANT:

CURRENT EMPLOYER _____
SUPERVISOR _____
HOW LONG
EMPLOYED? _____ HOURS/WEEK _____ WAGE/HR _____

PREVIOUS
EMPLOYER _____
SUPERVISOR _____
HOW LONG
EMPLOYED? _____ HOURS/WEEK _____ WAGE/HR _____

WHY DID YOU LEAVE YOUR PREVIOUS JOB(S)? _____

IF UNEMPLOYED, HOW LONG? _____

ARE YOU CURRENTLY SEEKING EMPLOYMENT? YES _____ NO _____

IF NO, HAVE YOU APPLIED FOR UNEMPLOYMENT BENEFITS? _____

EMPLOYMENT INFORMATION OF CO-APPLICANT:

CURRENT EMPLOYER _____
SUPERVISOR _____
HOW LONG
EMPLOYED? _____ HOURS/WEEK _____ WAGE/HR _____

PREVIOUS
EMPLOYER _____
SUPERVISOR _____
HOW LONG
EMPLOYED? _____ HOURS/WEEK _____ WAGE/HR _____

WHY DID YOU LEAVE YOUR PREVIOUS JOB(S)? _____

IF UNEMPLOYED, HOW LONG? _____

ARE YOU CURRENTLY SEEKING EMPLOYMENT? YES _____ NO _____

IF NO, HAVE YOU APPLIED FOR UNEMPLOYMENT BENEFITS? _____

MONTHLY INCOME and EXPENSES

List income sources for all applicants

Earned Wages Applicant _____

Earned Wages Co-Applicant _____

Social Security Income _____

Disability Income _____

Child Support _____

Food Stamps _____

TANF _____

Other Income _____

Expenses

Rent/Mortgage _____

Food/Personal _____

Trash Collection _____

Car Payment _____

Car Insurance _____

Day Care _____

Utilities _____

Telephone/Cell _____

Internet/TV/Dish _____

Transportation/Gas _____

Medical/Dental _____

Credit Cards _____

Other Loans/Payments _____

TOTAL INCOME: _____

TOTAL EXPENSES: _____

Have you received an income tax refund for last year? YES _____ NO _____

How long have you lived in the area? _____

List any financial assistance previously funded and dates received. (Include Salvation Army, United Way, Churches, Housing Solutions, Veterans, Pagosa Outreach Connection.).

Failure to list previous assistance (month/year) from any source may result in your application being denied.

Please explain your circumstances for needing assistance.

If you receive requested assistance, what is your plan to meet your expenses going forward? Please be specific.

Have you applied for LEAP in the past? Yes_____ No_____

Were you approved or denied? _____ How much did you receive? _____

Do you have any other resources, or have you asked others for assistance at this time?
(Friends, family, other agencies)

Is there any other information related to your request that you would like to share?

Additional Local Resources

24 Hour Hotlines:

Axis Health Systems Crisis Line (Mental Health & Substance Abuse) 970-247-5245
 Rise Above Violence (Domestic Violence, Sexual Assault) 970-264-9075

Childcare, Early Childhood Development & Preschools

Seeds of Learning Early Care and Education Center 970-264-5513
 Pagosa Early Child Care Center (Head Start Program) 970-264-2484
 Wings Early Childhood Education Center (ages 1-5) 970-731-2868

Domestic Violence & Sexual Assault

Rise Above Violence 970-264-9075

Employment Assistance

Archuleta County Dept. of Human Services (Family Advocacy Program) 970-264-2182
 Training Advantage (Career Counseling/Employment Help) 970-264-5627

Financial Assistance/ Financial Assistance for Medical Issues

Archuleta County Dept of Human Services 970-264-2182
 Salvation Army 970-731-3120

Food Assistance: See attached brochure for food pantry details

Amazing Grace Community Church (Aspen Springs Food Pantry) 970-444-2111
 Archuleta County Department of Human Services (food stamps) 970-264-2182
 Community United Methodist Church (Food Pantry) 970-264-5508
 Loaves and Fishes (Thursday community lunch) 970-264-5508
 Pagosa Senior Center (Meals On Wheels) 970-264-2167
 Pope John Paul II (Food Pantry) 970-731-5744
 Restoration Fellowship Church Care & Share Food Pantry 970-903-0997
 St. Patrick's Episcopal Church (Food Pantry) 970-731-5801
 TARA Community Center (Food Pantry) 970-883-0017
 WIC (Women, Infants and Children) 970-264-2409

Housing Assistance

Archuleta Housing Authority (Affordable Housing) 970-264-4828

Parenting Resources

Aspire (Prenatal & Childbirth Education; Parenting Training) 970-264-5963
 Archuleta County Dept. Of Human Services (Family Advocacy) 970-264-2182

Utilities/Energy Assistance

Energy Outreach Connection 970-264-5508
 Low Income Energy Assistance Program (LEAP) 866-432-8432

Veteran Services

Archuleta County Veterans Services 970-264-4013
 Vets for Vets 575-731-0465