

## **PAGOSA OUTREACH CONNECTION APPLICATION FOR ASSISTANCE**

In order for POC to review your application for same week, we must have your completed application including all documentation before Tuesday at 10AM. Applications may be dropped off in drop boxes at the Methodist Church, 434 LEWIS ST. or at Archuleta County DHS, 551 Hot Springs Blvd., in front of the ACDHS entrance.

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. WHAT IS POC?

POC is a collaborative multi-sector group of business, faith based organizations, non-profits and governmental agencies who gather weekly to screen, advocate and provide financial assistance to residents in need. POC provides this service as a one-time intervention to support residents who are experiencing a financial hardship or crisis.

### **WHO IS POC?**

Funding agencies include United Way of Southwest Colorado, La Plata Electric Round Up Foundation, 7th Day Adventist Church, Salvation Army, United Methodist Church, St. Patrick's Episcopal Church, Immaculate Heart/John Paul II Catholic Church, Rotary, Unitarian Universalist Fellowship, Grace Evangelical Free Church, Restoration Fellowship, Amazing Grace, Centerpoint Church, Crossroads Church, PSRCOR (Realtors), and Pagosa Bible Church. In kind donation of advocacy and administration services is provided by DHS, Aspire, and Vets for Vets. Other agencies and organizations are invited to participate within the existing collaborative.

### **WHY POC?**

The goal of POC is to assist an individual and/or family in moving toward self-sufficiency and to alleviate an immediate financial hardship or crisis. POC funding is intended for individuals or families who are normally self sufficient but are experiencing an unforeseen and emergent financial situation. Funding is limited and is intended to restore financial stability. Multiple requests will not be considered.

### **POC PROCESS**

Residents are referred by community agencies and asked to complete a POC application. The application is then screened by a subcommittee of POC. If application meets guidelines, and is deemed to be complete and appropriate, the applicant will be called to set up an appointment for an interview either by phone or in person. This appointment is important in helping us ascertain an accurate depiction of the situation resulting in hardship. Applicants who fail to keep their interview appointment will have their interview rescheduled or cancelled. The application will then be presented to the POC for determination of funding. The committee meets weekly to determine the type and amount of assistance to be provided. They will approve, table, or deny request, and the applicant will be notified immediately of the decision.

### **POC FUNDING PROCEDURE**

Payments are made directly to the service provider, never directly to the applicant. POC makes payments and maintains records of determination. United Way of Southwest Colorado acts as the fiscal agent for all funds. Payments made on behalf of the client are in check form only. Payments shall not be made by credit card.

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
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.

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

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**Applicant Signature**

**Date**

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**Co-Applicant Signature**

**Date**

**YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT YOUR CONSENT OF UNDERSTANDING**

**ITEMS FOR CONSIDERATION**

Rent or Mortgage Assistance:

- *Attach a statement from landlord or mortgage holder detailing amount and date due.*
- *Include phone number and address of landlord or mortgage company.*
- *Include any eviction or foreclosure notice.*

**RENTAL AND UTILITY DEPOSITS EXCLUDE**

Utility Assistance:

- *You must apply for LEAP assistance before applying for POC funds.*
- *Provide documentation for results of LEAP application*
- *Attach shut-off notice or last bill from utility company*
- *Must have inquired about **Energy Outreach Colorado** funding prior to applying*

Automobile Payment or Automobile Insurance:

- *Attach payment stub or insurance bill*

Automobile Repair:

- *Attach two repair estimates*

Medical or Dental

- *Attach your medical or dental bill from physician or service provider*

**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

Date of Application\_\_\_\_\_ Staff reviewing application\_\_\_\_\_

**PERSONAL INFORMATION**

NAME OF APPLICANT\_\_\_\_\_ AGE\_\_\_\_\_

CO-APPLICANT\_\_\_\_\_ AGE\_\_\_\_\_

ADDRESS\_\_\_\_\_

CELL PHONE\_\_\_\_\_ HOME PHONE\_\_\_\_\_

NAMES AND AGES OF ALL OTHERS LIVING IN HOUSEHOLD INCLUDING CHILDREN

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU A VETERAN? YES\_\_\_\_\_ NO\_\_\_\_\_

AMOUNT REQUESTED\_\_\_\_\_ **(MUST BE AN EXACT AMOUNT)**

Funding may be limited to available funds on hand. Your application may be partially funded. Generally requests for assistance range from \$150 - \$800.

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 \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ HOURS/WEEK \_\_\_\_\_ WAGE \_\_\_\_\_

WHY DID YOU LEAVE YOUR PREVIOUS JOB(S)? \_\_\_\_\_

IF UNEMPLOYED, HOW LONG? \_\_\_\_\_

ARE YOU CURRENTLY SEEKING EMPLOYMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT INFORMATION OF CO-APPLICANT:**

CURRENT EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ HOURS/WEEK \_\_\_\_\_ WAGE \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ HOURS/WEEK \_\_\_\_\_ WAGE \_\_\_\_\_

WHY DID YOU LEAVE YOUR PREVIOUS JOB(S)? \_\_\_\_\_

IF UNEMPLOYED, HOW LONG? \_\_\_\_\_

ARE YOU CURRENTLY SEEKING EMPLOYMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

**TOTAL MONTHLY INCOME AND EXPENSES**

**List income sources for all applicants**

**Expenses**

Earned Wages Applicant \_\_\_\_\_

Rent/Mortgage \_\_\_\_\_

Earned Wages Co-Applicant \_\_\_\_\_

Food/Personal \_\_\_\_\_

Social Security \_\_\_\_\_

Trash Collection \_\_\_\_\_

Disability \_\_\_\_\_

Car Payment \_\_\_\_\_

Child Support \_\_\_\_\_

Car Insurance \_\_\_\_\_

Food Stamps \_\_\_\_\_

Day Care \_\_\_\_\_

TANF \_\_\_\_\_

Gas/Propane \_\_\_\_\_

Other \_\_\_\_\_

Electricity \_\_\_\_\_

Water \_\_\_\_\_

Telephone/Cell \_\_\_\_\_

Transportation/Gas \_\_\_\_\_

Medical/Dental \_\_\_\_\_

Credit Cards \_\_\_\_\_

Other Loans/Payments \_\_\_\_\_

**TOTAL INCOME:** \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

Have you filed an income tax return for this year? YES \_\_\_\_\_ NO \_\_\_\_\_  
If no, why not?

\_\_\_\_\_

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?)

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Please explain your reason for needing assistance.

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

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

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

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Have you applied for LEAP in the past? Yes\_\_\_\_\_ No\_\_\_\_\_

Were you approved or denied?\_\_\_\_\_How much did you receive?\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

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APPLICANT AND CO-APPLICANT NAMES

Hereby authorize Pagosa Outreach Connection and any of its appointed representatives to obtain or release information from/to agencies or companies per information provided in this application as necessary to determine eligibility for emergency financial assistance.

I understand that information released may include details regarding substance abuse and/or psychological conditions. It may also include medical records. The purpose of this release is to determine my eligibility for emergency assistance requested. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken. Without my written revocation, this consent will automatically expire within sixty (60) days or upon satisfaction of the need for disclosure, whichever occurs first.

I release the Pagosa Outreach Connection and its appointed representatives from any and all liability for the release of any information pursuant to my application.

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Date Applicant Signature

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Date Co-Applicant Signature