



CASE OVERVIEW - COVID-19 ASSISTANCE

First Applied Date: _____ Appl Complete Date: _____ Phone #: _____

Client Name: _____ Email: _____

Assessment (Brief HH summary and why assistance requested due to COVID):

Receiving Food Stamps? Y or N _____ Number of Bedrooms (Rent/Mortgage Only) _____

Request(s) (Check& Amt): Rent \$ _____ Mortgage \$ _____ Gas (for home) \$ _____
 Electric \$ _____ Water \$ _____ Other \$ _____

Status of Child Support:

Include **GROSS** income for past 30 days all household members from all sources, including wages, self-emp, TANF, child support, unemployment, Social Security, VA benefits, pensions, alimony, Worker's Comp, etc.

Earned Income (wages) for youth under 18 excluded, but SS and child support must be counted

***PLEASE LIST ALL HH MEMBERS BELOW AND ENTER 0 FOR INCOME IF None**

HH Member Name:									
Monthly Income #1									
Monthly Income #2									
Total Monthly									

HH Size: # Adults/Children: ____/____ Total HH Income: Monthly \$ _____ Annual \$ _____

Income Limit:

HH Size:	1	2	3	4	5	6	7	8	9
\$Limit :	2081.67	2818.33	3550	4291.67	5028.33	5765	6501.67	7238.33	7975

Highlight: Approved or Denied Denial Reason: Over Income Info Not Provided No Crisis Other
 Explain: _____

Staff Completing Intake: _____
Sign Print Date

Edit/Review Staff Only: _____
Sign Print Date

LIHEAP: _____ CSBG: _____ FHA: _____ EA: _____ TANF: _____

SHIP: _____ HeartShip: _____ SOS: _____ COAD: _____