



PARTNER AGENCY REFERRAL TIPS

These tips will assist you in submitting a complete referral that will allow Crisis Assistance Ministry to provide speedy and dignified customer service.

For more detailed information on how to submit a complete referral, please refer to training documents or email referrals@crisisassistance.org for assistance.

General Information:

Partner Agency staff are available Monday-Friday 8:30 am - 5:00 pm and utilize the following triage system in order to ensure service is provided to the most at risk customers:

1. Utilities off already
2. Utilities off the day of referral
3. Padlock situations (including pending hotel evictions)
4. Utilities off later
5. Rent
6. New Moves (as defined in the partner agency training handouts)

Case Manager Tips:

In order to process an application, specific information must be provided by the referring case manager and additional documentation is required from our shared customer (*applicant*).

- Picture ID for the adult (18 yrs. or older) requesting assistance.
- Social Security documentation for everyone living at the applicant's address: social security card, documentation from the Social Security Administration verifying social security number, W2 form from an employer or paystub indicating the nine digit social security number, or W7 if applicable.
- Proof of earned (job) or unearned (SSI, SSA, child support, etc) income for the past 30 days for everyone in the household.
- For new jobs, the applicant should provide a company letter on letterhead indicating start date, rate of pay, hours per week, date of first check and how frequently applicant will be paid
- Documentation/bill of the emergency including all disconnection and past due utility statements, lease, etc.
- Rental lease to verify residence (even if rental assistance is not requested)

Include information for each person resident at the applicant's address, regardless of their legal or biological relationship to the applicant.

Complete case notes should address the following:

- o How will the applicant sustain household expenses in the future should he/she receive financial assistance?
- o If income is significantly greater than expenses, where was the excess spent? Please provide any related receipts.
- o What resources (savings, relatives etc.) does the applicant have to help solve the problem?
- o If the applicant qualifies for a rent reduction (Charlotte Housing Authority or Section 8) has she/he applied for it?



PARTNER AGENCY REFERRAL CHECKLIST

fax: 704-333-3717 email: referrals@crisisassistance.org

Date: Applicant name: Referring agency name:

Referring Caseworker name: Caseworker phone #: Caseworker email address:

Requesting financial assistance with (mark all that apply):

- Electric Gas Rent Water
 New move Housing First

Please ensure that you have included all the needed documentation to expedite the processing of this referral. Handwritten and incomplete referrals will not be processed. Please check off each item that is attached to this referral. Thank you for all you do!

- Crisis Assistance Ministry Customer Intake Sheet: must be completed electronically
- Crisis Assistance Ministry Consent to Release Information: sign and date all three parts including the may/may not box
- ID verification form OR copies of IDs and SS Cards for each household member: all people residing in home
- Self-declaration of no-income for households reporting ZERO income for the past 30 days
- Client Eligibility Checklist*
- Emergency Assistance Application* (Complete only if there is a minor child 17 years of age or younger)

**Customer must sign and date the applications; referring worker completes the form.*

Pay stubs, award letters or other proof of ANY income sources for all household members for the last 30 days: SSA, SSI, retirement, child support, unemployment benefits, self-employment income, etc.

For new jobs, the applicant should provide a company letter on letterhead indicating start date, rate of pay, hours per week, date of first check and how frequently applicant will be paid

Copies of most recent late notices and/or letters of obligations for each bill

Section 8 Authorization Letter for all Section 8 new moves

Lease to verify residence even if rent assistance is not requested

I have reviewed and completed the Crisis Assistance Ministry Partner Agency Referral Checklist. To the best of my knowledge, all information is complete and accurate.

Caseworker Signature

Date

CUSTOMER INTAKE

RESIDENCE INFORMATION *(required for ALL assistance requests)*



**CRISIS
ASSISTANCE
MINISTRY**

Interview Date:

Referring agency name:

Caseworker name:

Caseworker phone #:

Caseworker email address:

What type of case manager?

How long in case management?

How often do you see the applicant face-to-face?

Applicant name:

Applicant contact phone #:

Applicant email address:

Applicant's new/current address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>House # and street name</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

When did applicant move to this address?

Applicant's previous address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>House # and street name</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

RENTAL INFORMATION

Does applicant rent?

Yes No

Landlord/Apartment complex name:

Landlord phone #:

Landlord's address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>House # and street name</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Who's name is the lease in?

Is applicants' name on the lease?

Yes No

Is applicants' rent subsidized or reduced based on income?

Yes No

MORTGAGE INFORMATION

Does applicant pay a mortgage?

Yes No

If yes, who is their lender?

Whose name is the mortgage in?

Mortgage loan number:

HOUSEHOLD INFORMATION *(required for ALL assistance requests)*

Listing all adults first, complete information for the applicant on this sheet, and each additional person living at this address on the supplemental *Additional Household Members* sheet.

Number of Adults:

Number of Children *(under 18)*:

Applicant's full name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First</i>	<i>Last</i>	<i>MI</i>

SS# or W-7#:

Date of birth:

Gender:

Marital Status:

Highest grade completed:

Race *(select all that apply)*:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Don't know

Refused

Ethnicity:

Disabled:

Yes No

Served in U.S. Military?

Yes No

U.S. Citizen?

Yes No

If no, what is their current status?

SCREENING INFORMATION - EXPENSES

(required for ALL assistance with rent, mortgage, and/or utilities)



CRISIS ASSISTANCE MINISTRY

Item	30 Day Avg	Projected
Rent/Mortgage		
Electric		
Gas		
Oil/Prop/Kero		
Water		
Food		
Other Personal Expense		
Child Support Paid		
Child Care		
Cell Phone		
Home Phone		
Cable TV/Internet		
Car Payment		
Car Insurance		
Transportation: Gas/Bus		
Medical		
Life Insurance		
Clothing		
Laundry		
Furniture		
Credit Cards/Loans		
Tithe		
Financial Expense (other)		
Total Expenses:		

SNAP amount (food stamps):

Number of persons receiving SNAP benefit:

SNAP benefit certified through MM/DD/YYYY:

Please take the time to engage the applicant in a conversation regarding their relationship with money and how to maximize income and minimize expenses when appropriate. Here are some helpful hints on how to thoroughly complete this page:

Expenses:

- Go down each expense line item and gain insight from the applicant on how much is spent each month. Don't overlook topics such as laundry, transportation and other personal expense.
- Take time to discuss ideas to decrease expenses where possible and make supporting plans to achieve these budgetary changes, then record these plans in the Projected Column. For example, if the applicant is living in a Charlotte Housing Authority location and has lost his/his job, make a plan to have their rent adjusted to "0" and place that "0" in the Projected Rent Column.
- If the applicant is receiving SNAP (food stamps,) please only record what is spent on food over and above what is received in SNAP benefits in the 30 day average column. For those not receiving SNAP benefits, record all monies spent on food in the 30 day average column.

Income:

- Income either earned and/or unearned needs to be reported for EVERY PERSON living at the applicant's address
 - Earned income: income related to employment/odd jobs
 - Unearned income: income related to SSA, SSI, child support, unemployment, retirement, VA benefits, etc.
- Please be sure to include paystubs for the last 30 days of earned income when submitting the referral packet.
 - For self-employed applicants a copy of the first page of their latest tax return will be sufficient.
 - If applicant is paid in cash for odd jobs (babysitting, private lawn care, etc), a statement from the employer will be sufficient.
- Please be sure to include award letters/other documentation of unearned income when submitting the referral packet.
- If the applicant is starting a new job, please remember to submit a new hire letter on company letter head indicating start date, rate of pay, hours per week, date of first check and how frequently they will be paid.

SCREENING INFORMATION - INCOME

(required for ALL assistance requests)

EARNED INCOME

Employed household member's name: _____ Employer: _____

How verified? _____ Pay frequency: _____ Next Pay Date: _____

Date	Gross	Net

Next net pay amount: _____

Next 30 days net pay amount: _____

Earned Income: _____

Employed household member's name: _____ Job no. 2 Employer: _____

How verified? _____ Pay frequency: _____ Next Pay Date: _____

Date	Gross	Net

Next net pay amount: _____

Next 30 days net pay amount: _____

Earned Income: _____

Total Earned Income: _____

UNEARNED INCOME

Household member's unearned income NAME: _____

	Gross Amount	Frequency	30 day Total
TANF Received:			
Child Support Received:			
Other income Received:			
Social Security:			
Unemployment:			
VA/Retirement/UT/Misc.:			

Unearned income: _____

Household member's unearned income NAME: _____

	Gross Amount	Frequency	30 day Total
TANF Received:			
Child Support Received:			
Other income Received:			
Social Security:			
Unemployment:			
VA/Retirement/UT/Misc.:			

Unearned income: _____

Household member's unearned income NAME: _____

	Gross Amount	Frequency	30 day Total
TANF Received:			
Child Support Received:			
Other income Received:			
Social Security:			
Unemployment:			
VA/Retirement/UT/Misc.:			

Unearned income: _____

Total Unearned Income: _____

SCREENING INFORMATION - RENT/MORTGAGE/UTILITIES

(required if requesting assistance with rent/mortgage/utilities)



CRISIS ASSISTANCE MINISTRY

1. If applicant is requesting assistance with a utility, provide the following information for emergency verification:

ELECTRICITY - Account Information

Account #:	Past due bill amount:	Reconnection fee:	Deposit:	Total owed:	Cutoff date: (MM/DD/YYYY)

If electricity: Primary heat Uses space heaters

GAS - Account Information

Account #:	Past due bill amount:	Reconnection fee:	Deposit:	Total owed:	Cutoff date: (MM/DD/YYYY)

If gas: Heat Hot water Cook

WATER - Account Information

Account #:	Past due bill amount:	Reconnection fee:	Deposit:	Total owed:	Cutoff date: (MM/DD/YYYY)

2. If applicant is requesting RENT or MORTGAGE assistance, which month(s) does the applicant need help with?				
3. What is the total amount of rent, mortgage and/or rental deposit that the applicant owes?		5. How much money does the applicant have to put toward the bills?		
4. If applicant had to pick only one (1) type of assistance to receive help with, which would it be?		6. How much money can applicant obtain from other sources within the next 24 hours?		

INTERVIEWER ASSESSMENT (required for ALL assistance)

What has caused the applicant not to pay the bills?	Date of income decrease: (MM/DD/YYYY)

Source of income decrease:	How will applicant maintain household expenses moving forward?	What supportive services will be provided?

Interviewer:	<i>Internal Crisis Assistance Ministry use only</i>	Eligible for CWAC:
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ADDITIONAL HOUSEHOLD INFORMATION *(required for ALL assistance requests)*

Listing all adults first, complete information for each additional person living at the applicant/client's address on this sheet. Complete and save this sheet as many times as needed to list all persons.

Household Member #: Relationship to applicant: Gender:

Household member's full name: SS# or W-7#: Date of birth: Ethnicity:

First Last MI

Race (select all that apply): American Indian or Alaskan Native White Disabled: Yes No

Marital Status: Highest grade completed: Asian Don't know Served in U.S. Military? Yes No

U.S. Citizen? Yes No If no, what is their current status? Black or African American Refused Yes No

Native Hawaiian/Other Pacific Islander

Household Member #: Relationship to applicant: Gender:

Household member's full name: SS# or W-7#: Date of birth: Ethnicity:

First Last MI

Race (select all that apply): American Indian or Alaskan Native White Disabled: Yes No

Marital Status: Highest grade completed: Asian Don't know Served in U.S. Military? Yes No

U.S. Citizen? Yes No If no, what is their current status? Black or African American Refused Yes No

Native Hawaiian/Other Pacific Islander

Household Member #: Relationship to applicant: Gender:

Household member's full name: SS# or W-7#: Date of birth: Ethnicity:

First Last MI

Race (select all that apply): American Indian or Alaskan Native White Disabled: Yes No

Marital Status: Highest grade completed: Asian Don't know Served in U.S. Military? Yes No

U.S. Citizen? Yes No If no, what is their current status? Black or African American Refused Yes No

Native Hawaiian/Other Pacific Islander

Household Member #: Relationship to applicant: Gender:

Household member's full name: SS# or W-7#: Date of birth: Ethnicity:

First Last MI

Race (select all that apply): American Indian or Alaskan Native White Disabled: Yes No

Marital Status: Highest grade completed: Asian Don't know Served in U.S. Military? Yes No

U.S. Citizen? Yes No If no, what is their current status? Black or African American Refused Yes No

Native Hawaiian/Other Pacific Islander

CONSENT TO RELEASE INFORMATION



Please read, sign and date each section.

I. Crisis Assistance Ministry Consent to Release Information

To assist you, Crisis Assistance Ministry needs your consent to contact your landlord, mortgage holder, utility companies, other vendors, resource providers and household members for any reasonable purpose to resolve your emergency.

My signature below indicates that I request and authorize Crisis Assistance Ministry to contact appropriate individuals for the purpose of verifying information to determine my eligibility for available assistance, negotiating amounts required, committing funds and paying bills by check or electronic transfer. By my signature, I attest that the information I have provided and will provide is true and complete to the best of my knowledge. I understand that I am not required to give my consent; however, I understand that I will not receive assistance if I don't give it.

Applicant Signature

Date

II. Data Sharing Consent

When you apply for assistance at Crisis Assistance Ministry, we enter into our computer your name, address, landlord, the names of all household members, their birth dates, race, sex, and certain other information you may provide (collectively, your "personal information"). As part of its mission to provide assistance and advocacy to those in financial crisis, Crisis Assistance Ministry may participate in research and education programs intended to improve the development, delivery and quality of human services. In conjunction with such participation, Crisis Assistance Ministry may share your personal information with certain research organizations, including the University of North Carolina at Charlotte's Institute for Social Capital (collectively, "Researchers"), for research and education purposes only. Crisis Assistance Ministry requires Researchers to agree to strict confidentiality restrictions with regard to your personal information and to remove all personally identifiable information from their research. We need your written consent to share your personal information with these Researchers. Your personal information is not shared without your consent. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with Researchers.

Applicant Signature

Date

III. Mecklenburg County Department of Social Services Consent

Crisis Assistance Ministry administers financial assistance programs through a contract with the Mecklenburg County Department of Social Services (DSS). These programs are the Crisis Intervention Program (CIP), Emergency Assistance Program (EA), and the General Assistance Program (GA). One of the requirements to be eligible for these public funds is that we must have your written consent to release your information to DSS. Your personal information is not shared without your consent. I understand that I am not required to give my consent; however, I understand that I will not receive assistance from these funds if I don't give it. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with DSS.

Applicant Signature

Date

Witness Signature to Parts I II & III (if signature is an X)

Date

IDENTIFICATION VERIFICATION



NOTE: If you have copies of IDs and social security cards, this form does NOT need to be completed.

Applicant's name: Verified Social Security #: Verified Identification:

Driver's License #: Other #:

Non-DL #: State/Exp. Date:

Other adult's name: Verified Social Security #: Verified Identification:

Driver's License #: Other #:

Non-DL #: State/Exp. Date:

Household Member's Name	Verified Social Security #	Birthdate	Gender

I have reviewed the above forms of identification and verify their authenticity.

Name of worker: Title: Agency:

Signature: Date:

SELF DECLARATION OF NO INCOME



Applicant's name:

SS #:

This is to certify that the above named individual did not have income during the eligibility period.

Income includes but is not limited to:

- Earned income from a job
- Income from the operation of a business
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation
- Monthly income from government agencies excluding amounts designated for shelter and utilities, WIC, Food Stamps and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.

I certify that I did not have any income from any source during the eligibility period.

Applicant Signature

Date



CLIENT ELIGIBILITY CHECKLIST (Homelessness Prevention activities)

Date	Applicant Name	Interviewed By	Referred By
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INCOME VERIFICATION - Family/client current income _____ per _____.

How was it verified? _____

(YES) Supporting documentation is attached.

ELIGIBILITY - If funds are used to assist clients that have received eviction notices or notices of termination of *rent* and/or *utility* services, all of the following conditions must be met.

(YES) Supporting documentation is attached (i.e. Eviction Notice, Termination of Employment, Utilities, etc)

<input type="checkbox"/> Inability of the client/family to make the required payment .	<input type="checkbox"/> There is a reasonable prospect that the family will be able to resume payments within a reasonable period of time. Provide "TIMETABLE" below.
<input type="checkbox"/> Assistance is necessary to avoid eviction of the client/family or termination of services to the family.	<input type="checkbox"/> The assistance does not supplant funding for preexisting homeless prevention activities from any other sources.
<input type="checkbox"/> Client/family income is eighty percent (80%) or less Area Medium Income (AMI) to sixty	<input type="checkbox"/>

RESUME PAYMENT TIMETABLE/ REFERRALS / COUNSELING - In the section below provide a *reasonable* timetable in which the client will resume their monthly rent or utility payments or if the client is unable to resume payments within a 30-day period, please indicate what *counseling and other services will* be provided to assist the client in becoming self-sufficient.

OTHER COMMENTS

I, _____, do hereby certify that the answers I have given to the preceding questions are true and accurate.

Applicant Name (Print)	Signature	Date
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Staff Member Name (Print)	Signature	Date
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WORK FIRST EMERGENCY ASSISTANCE APPLICATION

County Name: _____

Date of Application: _____

Applicant Name: _____

Address: _____ Telephone: _____

NC

Case/ Reference No.: _____ Worker's Name: _____

HOUSEHOLD: List all household members requesting Emergency Assistance:

(Non-applicant household members are not required to provide a social security number, immigrant /citizenship status)

Name	Date of Birth	Sex	Social Security No. (if included in application)	U.S.Citizen Or Qualified Immigrant	Relationship
					Self

Does the household include a child who meets the Work First age requirement? Yes No

Is the child living with an adult who meets the Work First kinship requirement? Yes No

Has anyone listed on the EA Application ever received EA? Yes No If yes, when: _____

Does anyone live in the home that is not listed on the EA Application? Yes No

If yes, is the individual(s) a roomer/boarder? Yes No

Document the applicant's statement regarding individual(s) excluded from the EA Application:

Describe the emergency/crisis situation:

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, religion or age in the admission, treatment, or participation in its programs, services and activities, or in employment.

RESOURCES: List all resources owned by the individuals listed on the EA Application.

Name	Cash On Hand	Checking Account	Savings Account
Sub-Totals			

Total Resources (**Add sub-totals**) \$ _____ Resource eligible for EA? Yes No

INCOME: List below the gross earned and unearned income for each household member.

Name	Income Type	Source	Gross Monthly Amount
Total Countable Income			

Income eligible Yes No **(Income limits 150% or 200% of Federal Poverty Limit)**

Disposition: Approved Withdrawn Denied

Reason denied: _____

ASSISTANCE PROVIDED*: List below the assistance provided through Work First EA.

***Limited to non-recurring, short-term benefits designed to deal with a specific episode of need.**

Paid To	Date Authorized	Check Amount	Purpose
Total EA			

Document referrals made to agencies/community resources for additional assistance to help alleviate the emergency:

Your Rights: You have the right to appeal for a hearing if you were denied the right to apply, if you believe the amount of your assistance is incorrect, or if your application was denied. You have the right to withdraw your application.

Applicant Statement: I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I declare under penalty of perjury (and being subject to prosecution under 28 U. S. C. § 1746) that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I certify, under penalty of perjury, that all persons for whom I am applying are U.S. citizens or qualified immigrants. I give the agency permission to verify any information necessary to determine my eligibility for Emergency Assistance.

Applicant's Signature: _____ **Date:** _____

Caseworker's Signature: _____ **Date:** _____