# OTERO COUNTY DEPARTMENT OF HUMAN SERVICES/ ADULT SERVICESCOMMUNITY SERVICES BLOCK GRANT (CSBG)POLICY AND PROCEDURES

Otero County Department of Human Services will make every effort to provide economic assistance to individuals to maintain their activities of daily living and physical well-being within the limits of local, state, and federal policies.

Otero County is dedicated to the principles of equal opportunity. Otero County prohibits unlawful discrimination against applicants based on race, sex, color, religion, age, national origin, disability, genetic information, sexual orientation, veteran or marital status, or any other status protected by applicable law.

If you believe there has been a violation of the EEO policy or harassment based on the protected classes outlined above, including sexual harassment, please use the following complaint procedure. Otero County expects applicants to make a complaint within 5 working days to enable the County to investigate and correct any behavior that may violate this policy.

Report the incident to an elected official/department head and/or Human Resources (EEO/ADA), who will investigate the matter and take corrective action, as necessary. Your complaint will be kept as confidential as practicable. Reasonable efforts will be made to maintain the confidentiality of everyone involved in any investigation.

## ELIGIBILITY:

To qualify for a CSBG Economic Assistance Grant, each individual/family must meet the following criteria:

1. Applicants must be a resident of Bent, Crowley, or Otero County.
2. Applicants must be at or below the federal poverty level.
3. Applicant **must not** have a “client error” sanction/recovery under any other DHS program here or in any other county.
4. Applicants must show future sustainability for the service requested.
5. Applicant must be lawfully present in the United States.

## TYPES OF SERVICE:

Services will include reasonable expenditures associated with essential needs and physical well-being including but not limited to:

* Dental (Adult Dental Services including Emergency Dental Procedures)(includes nutrition)
* Home Repairs (e.g. appliance, water heater, heating systems. etc.)

## PROCEDURES:

An application should be obtained from and submitted to the Otero County Department of Human Services/ Adult Services. It must be completed in full including financial narrative and background information. Along with the application the applicant must provide the following:

1. All applications must be signed and dated by applicants and completed in its entirety.
2. Driver’s license/photo ID for all adult household members.
3. Verification of income of all in the household. Types of income will include but not be limited to: earned, public assistance such as AND, TANF, child support and/or alimony; Social Security, and work-study.
4. Social Security cards of each household member.
5. Provide an estimate of proposed services or goods from the provider. All estimates will be sent to Ken Shearer. Email Address: kenneth.shearer@state.co.us or FAX: 719-383-4607.
6. The Applicant’s name must match the name on the lease agreement or mortgage contract. Requested assistance on other services must be for residence on the application and if not under the applicant’s name must be the name of the adult living in the same residence.
7. All people living in the household will be considered ONE household and all information and verification are required for all members of the household.
8. The application process will take no more than one month. If documentation or verification items are not received in that time, the application will be closed. Due dates on bills will be the responsibility of the applicant.
9. Minimum of 2 estimates, with an 80/20 split. If the service is above the cap that we can assist with, the client will be asked to provide something in writing stating how they are going to pay the balance.
10. Payments for approved applications will be sent directly to vendors or service providers once your 20% has been submitted to the vendor or service provider. Vouchers may be used for services or supplies rendered. The County’s bill runs are twice a month, approximately on the 15th and the 30th.
11. Determination letters will be sent out on all applications.
12. Collection of data will occur by way of surveys and follow-up phone calls to verify outcomes of how CSBG assisted applicants.

## SERVICE LIMITATIONS AND TIME FRAMES:

1. Each applicant will be limited to one service per two-year period. Each two-year period will commence on the date the first service is received. Approved applicants can only be assisted three times in a lifetime. Assistance through the Diversion program of DHS will be considered one of the three times for lifetime assistance.
2. Upon verifying applications, if the household has any sanctions, disqualifications, or recoveries through any Human Service Department, the application will be denied.
3. All services must be PRE-APPROVED.
4. “CSBG funds will not assist clients who have a systemic homeless issue,” which is defined as, including by not limited to, chronic need based on poor decision-making, repeated involvement with law enforcement, and utilizing multiple agencies for the same need. These cases will not be considered emergency needs for funding overnight lodging.

## VERIFICATION OF INCOME:

Once an application has been received, we can look up Earned Income and Unemployment, as well as whether someone is receiving any kind of Social Security Benefits, such as LEAP benefits, for all members of the household. The client is required to bring in verification of income such as the previous month's pay stubs; letters from Social Security showing their income, letters verifying their Unemployment benefits, or something verifying Child Support for all members of the household. If there is any kind of discrepancy, the client is notified and asked to explain the discrepancy. Self-declared income without verified documentation will be used as a last resort and will be documented as such by the participant and intake worker.

## ELIGIBILITY:

If the client meets the above requirements for CSBG, we will also ask them to fill out an application. If the client has no income and can’t prove they have sustainability, we are unable to assist them with rent or utilities. This rule does not apply if they are applying for glasses or medications. If the household has any “client error” sanctions, Intentional Program Violations (IPV), or recovery they are not eligible to apply. Clients are eligible to apply for assistance every 2 years. We have a database where we keep track of everyone who has applied. When someone comes in to apply we look in the database first to see if they are eligible.

Otero County Department of Human Services/ Adult Services

13 West 3rd Street, Room 110, La Junta, CO 81050

Office - (719) 383-3166 • Fax - (719) 383-4607

### Services Application

All applications must include the following:

**Statement of Need/ Current Situation:**

My household was unable to pay all or part of the requested expenses because we experienced the following financial need due to the following: (**provide specific details below)**

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**Please complete these monthly expenses or provide an estimate based on previous months’ expenses at this residence:**

Monthly rent/mortgage: $\_\_\_\_\_\_\_\_\_\_\_ Gas bill: $\_\_\_\_\_\_\_\_\_\_\_ Electric bill: $\_\_\_\_\_\_\_\_\_\_\_

Water bill:$ \_\_\_\_\_\_\_\_\_\_ Phone/Cable bill:$ \_\_\_\_\_\_\_\_\_\_\_ Grocery bill: $\_\_\_\_\_\_\_\_\_\_\_

**Please provide detailed information on the following questions:**

1. Who have you tried to obtain help from for this request? What was their response?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Why are you unable to pay for this service at this time? If this request is for Emergency Assistance, give reasons as to why this is an Emergency at this time.

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3. If you receive assistance through CSBG, how will you pay for this service in the future?

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1. How will this assistance help you or someone in your household keep/maintain a job?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How will this assistance help you remain in your home and safe(r)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you are applying for assistance for Employment and have not (re) entered the work force, how will this help you gain employment?

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**Certifications and Signature**

\_\_\_\_\_ I certify that all the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_\_I understand that providing false statements or information is grounds for denial of requested supports.

\_\_\_\_\_\_I authorize the State of Colorado and any of its duly authorized representatives to verify all information provided in this application.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Otero County Department of Human Services/ Adult Services

13 West 3rd Street, Room 110, La Junta, CO 81050

Office – (719) 383-3166 • Fax – (719) 383-4607

### Services Application

|  |  |
| --- | --- |
| Name | Phone Number |
| Street Address | Mailing Address |
| City | State CO | Zip | Highest Grade Completed |
| DOB | Gender  | Number of People in Household  |

**PLEASE LIST EACH HOUSEHOLD MEMBER, INCLUDING YOURSELF:**

| **Name** | **Relationship** | **Social Security #** | **DOB, Age** |
| --- | --- | --- | --- |
| 1.  |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| **I IDENTIFY AS:** * Male 🞎 Female
* Other

 **ETHNICITY: (optional)*** Hispanic, Latino, or Spanish Origin
* Not Hispanic, Latino, or Spanish Origin

**RACE: (optional)*** White
* Black or African American
* Native American/Alaskan
* Native Hawaiian or Pacific Islander
* Asian
* Multi-Race (any 2 or more)

**FAMILY TYPE:*** Single Parent
* Two Parent Household
* Two Adults/No Children
* Single Person
* Non-related adults with Children
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING:*** Own 🞎 Homeless
* Rent 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **HEALTH INSURANCE:*** Medicaid 🞎 Medicare
* Direct-Purchase
* State Children’s Health Insurance
* State Health Insurance for Adults
* Direct purchase
* Employment-Based

**MILITARY STATUS:*** Veteran
* Active Military

**Attach Evidence of Veteran Status (DD-214)****WORK STATUS:*** Employed Full-Time
* Employed Part-Time
* Migrant Seasonal Farm Worker
* Unemployed (6 mos. Or less)
* Unemployed (longer than 6 mos.)
* Unemployed (Not in the Labor Force)
* Retired
 |

**SOURCES OF INCOME AND AMOUNT: (Please check all that apply)**

* Employment ONLY $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Employment AND Other income source $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Employment, Other income source, AND Non-Cash Benefits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Employment AND Non-Cash Benefits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Non-Cash Benefits ONLY $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No Income
* Other Income Source ONLY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER INCOME SOURCE AND AMOUNT**:

* TANF $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* SSI $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* SSDI $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Private Disability Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Retirement Income from Social Security $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pension $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Alimony or other Spousal Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unemployment Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Earned Income Tax Credit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NON-CASH BENEFITS:**

* SNAP $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* WIC $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* LIHEAP $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Housing Voucher $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Public Housing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Childcare Voucher $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Affordable Care Act Subsidy $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* HUD-VASH $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Permanent Supportive Housing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT REQUESTED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL HOUSEHOLD GROSS MONTHLY INCOME: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature Date**