

Central Wisconsin Community Action Council, Inc.

1000 Hwy 13
P. O. Box 430
Wisconsin Dells, WI 53965



Phone: 608.254.8353 Ext: 241
Fax: 608.254.4327
Email: wendys@cwac.org

COMMUNITY RESPONSE FUND

Applicant Information

(Please complete both pages and retain a copy for your files before submitting for payment)

APPLICANT

Beneficiary (Print): _____

(Last Name)

(First Name)

(Middle Name)

Address: _____

Street

City

State

Zip Code

Home/Cell Phone: _____ or Name and # of Contact Person: _____

E-Mail Address: _____

DEMOGRAPHICS

List all persons **including yourself** in the household at this time:

Name	AKA or Maiden Name	Date of Birth	Social Security #	Relationship	Monthly Gross Income	Income Source
				SELF		

() Disabled () Retired () Minority Ethnicity – specify _____ () Veteran

ADDITIONAL INFORMATION

Estimated Monthly Household Income: \$_____.____

If Unemployed, date last employed: Month _____ Year _____

If Unemployed, was job loss due to lay-off? Y / N or Company Closure? Y / N

Categories of Need: ☐ Transportation ☐ Housing Rent ☐ Housing Mortgage
☐ Other Housing ☐ Employment Tools/Equipment
☐ Health Care ☐ Childcare ☐ Food ☐ Clothing ☐
☐ Education Fees and/or Supplies
☐ Other_____

Applicant's Statement of Circumstances and Needs:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Are any of the needs to be addressed, on-going needs? Y / N

Will the assistance provided with this voucher fully address the needs? Y / N

If not, approximately how much funding would it take? \$_____.

To the best of my knowledge all information provided is true and correct:

Signature: _____ **Date:** _____

Please return Completed, Signed and Dated Application along with the following documentation:

Copy of Foodshare, SSI, Social Security or Disability Benefit Letter, or Check Stubs to verify current income.

If for vehicle: Proof of license and insurance.

If for Bill (Utility, etc.) Copy of Bill.

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AUTHORIZATION FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

(In order for you to be considered for this program, it will be necessary for you to sign a release of information form. The reason for this is to verify residency, citizenship, employment status, income and any other sources of income or assistance.)

I authorize any federal, state or local agency, organization, business, or individual to release to Central WI Community Action Council, Inc. information needed to complete and verify my application for participation and/or to maintain my continued assistance in CWCAC's Community Crisis Fund. I understand and agree that this Authorization for the information obtained may be given to and used in administering and enforcing rules and policies.

NAME: _____ D.O.B.: _____

SOCIAL SECURITY NUMBER: _____

AGENCY DESIGNATED TO RELEASE/EXCHANGE INFORMATION: **For Office Use**

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

I understand that I have the right to inspect and receive a copy of the material disclosed and a copy of this consent form. I also understand this consent form is revocable, however, information may be released before receipt of written notice of revocation.

Participant Signature

Date

CWCAC, Inc. Community Crisis Fund Mgr. Signature

Date

This consent for Release of Information will expire upon: (specify date, event or condition when it will expire)

AN EQUAL OPPORTUNITY PROVIDER

ADAMS COUNTY
1874 Hwy 13
PO Box 647
Friendship, WI 53934
(608) 339-4900
FAX: (608) 339-9400



COLUMBIA COUNTY
203 DeWitt Street
Portage, WI 53901
(608) 742-3320
FAX: (608) 742-0984

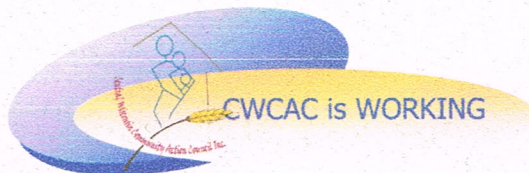
DODGE COUNTY
134 South Spring Street
Beaver Dam, WI 53916
(920) 885-9559
FAX: (920) 885-9589

JUNEAU COUNTY
534B La Crosse St
PO Box 253
Mauston, WI 53948
(608) 847-1124
FAX: (608) 847-3009

SAUK COUNTY
Job Center, 2nd Floor
505 Broadway St
Baraboo, WI 53913
(608) 355-4812
FAX: (608) 355-4816

Central Wisconsin Community Action Council, Inc.

1000 Hwy 13
P.O. Box 430
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PHONE: (608) 254-8353
FAX: (608) 254-4327
Email - donna@cwccac.org



COMMUNITY RESPONSE FUND REPAYMENT AGREEMENT

- **I received** \$ _____ of Crisis Assistance Funding on _____ (mm/dd/year)
to assist with _____ (i.e.,
car repairs, electric, rent, etc.).
- **My chosen vendor**, _____ (company name)
has received \$ _____ on _____ (mm/dd/year) for _____
_____ (i.e., car repairs, electric, rent, etc.) on my behalf.

I agree to make every effort to repay for my assistance within 12 months of receipt
which is by _____ (mm/dd/year).

*****Your repayment helps assist others in need*****

Please send payment(s) to:

**CWCAC, Inc.
PO Box 430
Wisconsin Dells, WI 53965**

Signed by:

Signature _____

Date _____

Name: _____

Address: _____

Phone Number: _____

AN EQUAL OPPORTUNITY EMPLOYER

ADAMS COUNTY
1874 Hwy 13
PO Box 647
Friendship, WI 53934
(608) 339-0273



COLUMBIA COUNTY
203 DeWitt Street.
Portage, WI 53901
(608) 742-3320

DODGE COUNTY
134 South Spring Street
Beaver Dam, WI 53916
(920) 885-9559

JUNEAU COUNTY
534B LaCrosse Street
PO Box 253
Mauston, WI 53948
(608) 847-1124

SAUK COUNTY
505 Broadway
Job Center, 2nd Floor
Baraboo, WI 53913
(608) 355-4812

CLIENT INTAKE APPLICATION	
Application Date	
Agency	
Center	
Case Worker	
County of Residence	

CLIENT INFORMATION			
Household Size		Family No	
First Name		Other Names Used	
Middle Name		Driver's License No	
Last Name		SSN	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male		Gender Identification
Birth Date		Nationality	
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/> Biracial/Multi-racial		

CLIENT VETERAN INFORMATION			
Veteran	<input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes		Eligible Spouse
			<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL HOUSEHOLD MEMBERS					
First Name	Last Name	Gender	Birth Date	Race	Relationship

RESIDENCE INFORMATION						
Physical	Address				Unit #	
	State		City		Zip	
<input type="checkbox"/> SAME AS PHYSICAL ADDRESS						
Mailing	Address				Unit #	
	State		City		Zip	
E-Mail					<input type="checkbox"/> Place on Email List	
Home Phone			Secondary Phone			
Phone Type			Additional Phone			

CLIENT EMPLOYMENT						
Employer					Phone No	
	Address					
	State		City		Zip	
Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal Full-time <input type="checkbox"/> Seasonal Part-time					
Are you attending a secondary, vocational, technical or academic					<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are in between terms, do you intend to return to school?					<input type="checkbox"/> Yes <input type="checkbox"/> No	

CLIENT DEMOGRAPHICS – HEAD OF HOUSEHOLD			
Name		Disability Status	<input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes
Education		Marital Status	
<input type="checkbox"/> 0-8	<input type="checkbox"/> 9-12 / Non-Graduate	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
<input type="checkbox"/> High School Grad	<input type="checkbox"/> GED	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Widowed
<input type="checkbox"/> 12+ Some Post-Secondary	<input type="checkbox"/> 2 or 4 years College Grad	<input type="checkbox"/> Separated	<input type="checkbox"/> Unspecified
Primary Language			
<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> Pacific Island <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican			
Citizenship	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Alien – Eligible <input type="checkbox"/> Legal Alien – Ineligible <input type="checkbox"/> Undocumented		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unspecified		
Health Insurance	<input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> Employment Based <input type="checkbox"/> State Children <input type="checkbox"/> State Adult <input type="checkbox"/> Unspecified		
CLIENT DEMOGRAPHICS – ADDITIONAL HOUSEHOLD MEMBER			
Name		Disability Status	<input type="checkbox"/> No <input type="checkbox"/> Unspecified <input type="checkbox"/> Yes
Education		Marital Status	
<input type="checkbox"/> 0-8	<input type="checkbox"/> 9-12 / Non-Graduate	<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
<input type="checkbox"/> High School Grad	<input type="checkbox"/> GED	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Widowed
<input type="checkbox"/> 12+ Some Post-Secondary	<input type="checkbox"/> 2 or 4 years College Grad	<input type="checkbox"/> Separated	<input type="checkbox"/> Unspecified
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HOUSEHOLD DEMOGRAPHICS			
Household Type			
<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Two Parent Household	
<input type="checkbox"/> Single Person	<input type="checkbox"/> Two or More Adults (no children)	<input type="checkbox"/> Grandparents raising the Child	
<input type="checkbox"/> Extended Household	<input type="checkbox"/> Mixed Adults with Children	<input type="checkbox"/> Other	
Housing	<input type="checkbox"/> Homeless <input type="checkbox"/> Temporary Quarters <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Motel <input type="checkbox"/> Other <input type="checkbox"/> Unspecified		
Homeless	<input type="checkbox"/> Certification of Homelessness	<input type="checkbox"/> Self-Certified	Date
Homeless Type			

HOUSEHOLD NEEDS		
<input type="checkbox"/> After School Program	<input type="checkbox"/> Foreclosure Counseling	<input type="checkbox"/> Weatherization & Energy Services
<input type="checkbox"/> Food	<input type="checkbox"/> Transportation	<input type="checkbox"/> Employment & Training
<input type="checkbox"/> Tax Preparation	<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Nutrition for the Elderly
<input type="checkbox"/> Day Care Programs	<input type="checkbox"/> Head Start	

HOUSEHOLD COMMENTS/NOTES

INCOME – PRIMARY			
Source		Amount	\$
Income Interval			
<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly
<input type="checkbox"/> One Time	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Weekly
Other Income Interval			
INCOME – ADDITIONAL			
Source		Amount	\$
Income Interval			
<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly
<input type="checkbox"/> One Time	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Twice a Month	<input type="checkbox"/> Weekly
Other Income Interval			

CERTIFICATION STATEMENT

Client informed consent and release of information: I certify that the above information is true and accurate. I also understand that should verification of any part be false, participation may be terminated. I also understand that the information contained will be held in confidence and be used to determine eligibility and program planning. This agency enters data into the CAP 60 internet-based network. This computer program has industry standard security protocols, and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency. No personally identifying information will be shared with any department in the State of Wisconsin or the Federal Government. CAP 60 is password protected.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

MONTHLY BUDGET

Complete: Remember this budget is for one month only. Do Not include *past due bills* in your one-month's budget. Copies of three months' income verification, past due bills, eviction notices, or any other information that may be useful in our determination must accompany this application.

<u>EXPENSES</u>	
<u>SHELTER</u>	
Rent/Mortgage	\$
Lot Payment	\$
Homeowners Insurance	\$
Renters Insurance	\$
Home Maintenance	\$
Electricity	\$
Phone	\$
Water/Sewer/Garbage	\$
Heat: Oil/Propane/Wood	\$
Subtotal:	\$

<u>HOUSEHOLD</u>	
Diapers	\$
Toiletries	\$
Cleaning Supplies	\$
Laundry	\$
Monthly Time Payments: Credit Cards, Appliances, Furniture, etc.	\$
Car Loan	\$
Car Insurance	\$
Car Repairs	\$
Clothes	\$
School: Tuition, Books, etc.	\$
Child Support Paid Out	\$
Babysitter/Daycare	\$
Medical Expenses	\$
Health/Life Insurance	\$
Personal Items	\$
Misc: Barber, CDs, Gifts, Subscriptions, Donations	\$
Cigarettes	\$
Recreation: Movies, Vacation	\$
Cable TV/Satellite Dish	\$
Gambling/Lottery	\$
Subtotal:	\$

<u>FOOD</u>	
Groceries (Out of Pocket)	\$
School Meals (Out of Pocket)	\$
Subtotal (Out of Pocket):	\$
Food Stamps Received	\$
Date you started receiving food stamps:	

<u>TOTAL EXPENSES</u>	
SHELTER	\$
HOUSEHOLD	\$
FOOD (OUT OF POCKET)	\$
TOTAL	\$

<u>INCOME</u>	
Wages - Gross: \$	Net: \$
SS/SSI/SSDI	\$
W2	\$
UC/Worker's Comp	\$
Per Cap	\$
Pensions/Interest/Dividends	\$
Alimony/Child Support	\$
TOTAL INCOME:	\$

<u>BUDGET STATUS</u>	
INCOME FROM ALL SOURCES	\$
EXPENSES	\$
BUDGET + / -	\$
TOTAL:	\$

<u>SAVINGS</u>	
Current Savings Balance	\$
Current Checking Balance	\$
Name of Bank or Savings Institution:	

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PHONE: (608) 254-8353
FAX: (608) 254-4327
Email: brian@cwccac.org

TO BE COMPLETED BY SUPERVISOR

The individual listed below has applied for rental assistance from our agency. In order for us to process their application, we are requesting the following information.

Employee: _____
Employer: _____
Employer Address: _____
Employer Phone #: () _____
Date employment started or is expected to start: _____
Do you consider this job to be temporary? ____ Yes ____ No
If temporary, how long is job expected to continue? _____
Estimated number of hours per week: _____
Hourly rate \$ _____ Shift differential? ____ Yes ____ No
If employee receives shift differential, how much is it? _____
Day of week paid: _____
Date 1 st check will be received by employee: _____. How often paid? _____
Do you consider this person self-employed? ____ Yes ____ No
Form completed on _____ by _____ (Date) (Printed name of person completing form)
Signature: _____ Title: _____

I, _____ authorize and request *Central Wisconsin Community Action Council, Inc.*, to obtain this information from my employer.
(Name of Client)

AN EQUAL OPPORTUNITY EMPLOYER

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FAX: (608) 339-9400



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