



## Oregon Coast Community Action Essential Services Application for Services Packet

### ***FAILURE TO RETURN DOCUMENTS LISTED BELOW WILL RESULT IN DELAY AND POSSIBLE DENIAL OF SERVICES***

- Application- Filled out completely and Signed
- Social Security Cards for all members of your household
  - A tax return can be used in place of SS card
- Photo ID for all adults in your household
  - 2 bills w/name and address can be used in place of photo ID
- 90 days proof of Income
  - TANF/SNAP print out (4-page print-out obtained from DHS)
  - Pay Stubs (Full 90 days are required, or appointment will be rescheduled)
  - SSA/SSD/SSI Benefit Verification Letter (for current year)  
(Print Out can be obtained from the Social Security Office. Failure to bring this documentation will result in the rescheduling of your appointment.)
  - Child Support payment history print out (Instructions on page 2)
  - Payment printout for Unemployment benefits (Instructions on page 2)
  - Bank Statements are only acceptable for out of state child support/private pension
- For Applicants claiming zero income a DHS Food Stamp print out will be required.
- Applicants claiming zero income must be present and fill out zero income form.
- Rental Agreement and/or eviction notice (when seeking rent support)
- Most recent Power Bill (Central Lincoln clients will need a 90-day payment history print-out obtained from Central Lincoln office. Can be faxed to 541-435-7101.)
- VETERANS MUST PROVIDE DD-214 TO RECEIVE SSVF BENEFITS

#### **If you need to Reschedule or Cancel your Appointment**

**Please call (541)435-7080 as soon as possible.**

**If you fail to reschedule or cancel your appointment, you will be considered a NO SHOW!**

**Two NO SHOW appointments will make you ineligible for 90 days.**

Once your paperwork is received and processed, you will be contacted by phone or letter to advise you of the outcome and any follow up steps to receive support.

*\*Please note we may not have available funding for the services you are seeking today. Funding varies from year to year and is not always available.*

Your appointment is scheduled for:      Date: \_\_\_\_\_      Time: \_\_\_\_\_



## Instructions for obtaining proof of Unemployment & Child Support Online

### Unemployment Benefits:

We must verify the date and the amount of all unemployment benefit payments received by members of your household. Proof of unemployment benefits can be obtained online. To do this you will need your Social Security Number and the PIN number provided to you by the Employment Department. To get proof of your unemployment payments from the Internet, follow these instructions:

Go to: [www.employment.oregon.gov](http://www.employment.oregon.gov)

Click on: Unemployment (on the left side of the screen) then,

Click on: Online Claims System (also, on the left side of the screen) then,

Click on: View Status of Weekly Report

Enter: Social Security Number & Pin Number, then

Click on: Where's My Check?

This screen will show the history of your unemployment payments. **PRINT THIS PAGE**

### Child Support:

For proof of child support payments that are processed through the court system, it is best to access your payment history online. To do this you will need your Social Security number and your Child Support Case Number. If you do not know your case number, call the Child Support Hotline at 1-800-850-0228 where a representative can give you your number. To get proof of your Child Support Payments from the Internet, follow these instructions:

Go to: [www.dcs.state.or.us](http://www.dcs.state.or.us)

Click on: Case Information

Click on: Payment Information

Enter: Case Number & Social Security Number

This screen will show the history of your Child Support Payments. **PRINT THIS PAGE**



## Essential Services Mutual Respect and Non-Discrimination Policy

### Client Participation

Any individual seeking services will not be denied access to services, if they are unable to answer the questions asked during the assessment process.

### Mutual Respect Policy

It is the goal of Oregon Coast Community Action Agency to provide services of the highest quality, and to provide those services in a manner that is professional, respectful, and based on the dignity and rights of the people we serve. Likewise, we expect our clients to treat staff members and other clients in a manner that is respectful and based on the dignity and rights of others.

### Non-discrimination Policy

Our programs will not discriminate against any individual or family because of race, color, national origin, religion, gender, disability, familial status, sexual orientation/gender identity, source of income, or domestic violence. Which means that regardless of your individual or family characteristics you will not be:

- Refused acceptance of an application for assistance or services
- Denied an application for assistance or services
- Set up with different terms, conditions or privileges for assistance or services
- Provided different or specific housing, facilities, or services
- Falsely denied that housing is available for inspection or rental or that services are available
- Denied anyone access to a facility or service

We use the same screening criteria for all applicants for each program that we provide.

Reasonable accommodations will be offered to all persons who request them at any time during the application or selection process, and throughout program involvement.

For more information, see the Guide to Fair Housing for Nonprofit Housing and Shelter Providers produced by the Fair Housing Council of Oregon, or contact them directly at [www.fhco.org](http://www.fhco.org).

### Dispute Resolution Process

Oregon Coast Community Action Agency has the right to deny services or terminate services to any individual who: engages in behavior that presents a danger to other people or disrupts the delivery of services to other clients; creates a hostile environment; or commits acts of fraud, deceit, or trickery. Any individual who is denied services or is terminated from services has the right to appeal that decision and may inquire about the Agency’s dispute resolution process.

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Client Name (print)	Client Signature	Date

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Client Name (print)	Client Signature	
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**\*\*Privacy Notice and Authorization for Release of Information\*\***

About your information

To best assist you, we use a database to manage our services. Your information is visible to a limited number of social service providers in partnering counties and protected using the highest standards. Law enforcement and DHS have no access to this system. Allowing your information to be viewed allows us to better serve you. You'll have improved access to potential services such as basic needs, employment and housing. This information will also help us understand our community needs and is used to advocate for funding. If you have any questions or would like a copy of the Privacy Notice or would like to request limited visibility, please let an ORCCA staff member know.

Additionally, to better assist you with possible services, Oregon Coast Community Action (ORCCA) and Oregon Housing and Community Services requests to obtain information from any and all federal, state, county or city agencies, employers, landlords (past, present and prospective) and utility providers, and all entities listed below as necessary to verify statements given in this application. By signing below I/we authorize this access and I/we understand that any knowing or unknowing failure to provide accurate income or household information may result in denial of service. I/we understand that completion of this application is not a guarantee of benefit and that the decision to assist is based on (but not limited to): need, order of application, previous assistance, income qualification and available funding.

Note: This Release of Information will expire **10** years from date of signature, unless otherwise documented

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Social Services**

Department of Health & Human Services  
 Child Welfare Services  
 Oregon Coast Community Action  
 WIC (Women, Infants and Children)  
 Senior and People w/ Disabilities  
 Coos Elderly Services  
 OHCS (Oregon Housing and Community Services)  
 OPUS Data Systems  
 NW Social Service Connections (aka: Service Point  
 CMIS/HMIS)

**Drug & Alcohol Treatment**

ADAPT  
 Serenity Lane  
 Bay Area First Step  
 Coos/Curry Co. Oxford Houses

**Schools**

Alternative Youth Activities (AYA)  
 Coos and Curry County School Districts  
 South Coast Education Service District  
 South Coast Head Start  
 Southwestern Oregon Community College

**Child Care**

Child Care Resource and Referral  
 Newmark Family Center

**Other:** \_\_\_\_\_

**Mental Health**

Center for Holistic Therapy  
 Coos Health and Wellness  
 The Coastal Center  
 Nancy Devereux Center  
 Coos Crisis Resolution Center  
 SHAMA House  
 Star of Hope

**Corrections**

Coos County Community Corrections  
 Coos County Juvenile Department  
 Correction Treatment Center  
 Oregon Department of Corrections  
 Oregon Department of Justice

**Housing**

North Bend/Coos/Curry Housing Authority  
 All Property management companies in Coos  
 and Curry counties  
 Previous/Current/Potential Landlords  
 Mortgage Holder(s)  
 Any transitional/temporary housing

**Employment**

Employment Department  
 Vocational Rehabilitation Department  
 South Coast Business Employment Corp.  
 All Previous/Current/Potential Employers

**Utilities-Heating Vendors**

Farr's True Value  
 Amerigas  
 Ferrellgas  
 Hodge Distributors  
 Coos-Curry Electric  
 Pacific Power  
 Tyree Oil  
 Goddard Energy  
 Carson Davis  
 Bassett-Hyland  
 City of Bandon  
 Central Lincoln PUD  
 Northwest Natural Gas  
 Knutson's Carpet Hut  
 Slice Recovery  
 All Previous/Current/Potential utility vendors

**Other**

Southern Oregon Veterans Outreach (SOVO)  
 Coos Health and Wellness  
 Coast Community Health Center  
 Women's Safety and Resource Center  
 Umpqua CDC/Umpqua Neighborworks  
 Coquille Tribe  
 Confederated Tribe  
 All Tribes affiliated with the household  
 Salvation Army  
 Pointman Ministries  
 OR Law Center



I am and employee,  
friend, or family member of an  
employee of ORCCA

# Essential Services Self-Assessment Form

What type of assistance are you seeking today?

Energy  Weatherization  Housing  Medical  Dental  Prescriptions  Food  Other: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Email Address \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Total # of Adults in Household \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total # of Children in Household \_\_\_\_\_

**If you were referred to ORCCA for services, please tell us who/what organization or agency referred you:**

**\*\*Please provide a summary/statement of your current situation and need.\*\***

Do you have sufficient resources to prevent you from becoming homeless?  Yes  No

Do you have a support network to help prevent you from becoming homeless?  Yes  No

Which community partners have you already reached out to see if they could help you?

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

**Staff Notes and Referrals:**



**Please provide names of  
all household members as  
they appear on their  
Social Security Cards**

### Household Information

<b>Name</b>  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	<b>Relation</b>  Self	<b>Social Security Number:</b>  _____	<b>Highest Grade Completed</b>
	<b>Birth Date</b>  _____	<b>Type of Health Insurance?</b>  _____	<b>Race</b>
<b>INCOME: Check all that apply for each individual</b> <input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security/SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Zero Income <input type="checkbox"/> Seasonal/Migrant Farm worker <input type="checkbox"/> Self-Employment <input type="checkbox"/> TANF <input type="checkbox"/> Other _____			<b>Income</b> \$ _____
<b>Name</b>  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	<b>Relation</b>  _____	<b>Social Security Number:</b>  _____	<b>Highest Grade Completed</b>
	<b>Birth Date</b>  _____	<b>Type of Health Insurance?</b>  _____	<b>Race</b>
<b>INCOME: Check all that apply for each individual</b> <input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security/SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Zero Income <input type="checkbox"/> Seasonal/Migrant Farm worker <input type="checkbox"/> Self-Employment <input type="checkbox"/> TANF <input type="checkbox"/> Other _____			<b>Income</b> \$ _____
<b>Name</b>  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	<b>Relation</b>  _____	<b>Social Security Number:</b>  _____	<b>Highest Grade Completed</b>
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	<b>Birth Date</b>  _____	<b>Type of Health Insurance?</b>  _____	<b>Race</b>
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**Please provide names of  
all household members as  
they appear on their  
Social Security Cards**

### Household Information continued

<b>Name</b>  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	<b>Relation</b>  Self  <b>Birth Date</b>	<b>Social Security Number:</b>  <i>Type of Health Insurance?</i>	<b>Highest Grade Completed</b>  <b>Race</b>
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**Is anyone in your household attending a secondary education school such as College/Trade School? \_\_\_\_ Yes \_\_\_\_ No**



## Monthly Income & Expenses

Please fill out this section completely. If an item does not apply, put a dash in the space.

**Net Household Income** \$ \_\_\_\_\_

Food Stamps  WIC

**Amount of Food Stamps** \$ \_\_\_\_\_

**Do you have a garnishment?**  Yes  No

**Garnishment Amount** \$ \_\_\_\_\_

**Expenses** (Insert a dash if not applicable)

Rent / Mortgage .....\$ \_\_\_\_\_

Electric Bill .....\$ \_\_\_\_\_

Oil/ Natural Gas/ Propane.....\$ \_\_\_\_\_

Water / Sewer .....\$ \_\_\_\_\_

Garbage Collection.....\$ \_\_\_\_\_

Phone .....\$ \_\_\_\_\_

Internet Charges.....\$ \_\_\_\_\_

Cable/Satellite .....\$ \_\_\_\_\_

Gasoline / Oil.....\$ \_\_\_\_\_

Car Care Expenses .....\$ \_\_\_\_\_

Food Expenses

(Not food stamps) ....\$ \_\_\_\_\_

Vehicle Insurance .....\$ \_\_\_\_\_

Medical Insurance .....\$ \_\_\_\_\_

**Are utilities included in your rent?**  Yes  No

Day Care .....\$ \_\_\_\_\_

Child Care Assistance

Medications .....\$ \_\_\_\_\_

Laundromat .....\$ \_\_\_\_\_

Entertainment .....\$ \_\_\_\_\_

Household Goods/Pets .....\$ \_\_\_\_\_

Tobacco Products.....\$ \_\_\_\_\_

Alcohol.....\$ \_\_\_\_\_

Savings.....\$ \_\_\_\_\_

Vehicle Loan Payment.....\$ \_\_\_\_\_

Personal Loan Payment .....\$ \_\_\_\_\_

Credit Card Payment .....\$ \_\_\_\_\_

Other.....\$ \_\_\_\_\_

Other.....\$ \_\_\_\_\_

## Household Assets

Please list any assets you own and their value below:

Vehicles (car, truck, RV, boat, ATV, motorcycles, trailer, etc): \_\_\_\_\_

Home/Land: \_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_

Checking Acct: \_\_\_\_\_

Savings Acct: \_\_\_\_\_

Other: \_\_\_\_\_

## Housing Status

If you are homeless, where you staying?

Car/Outside  Gospel Mission  Women's Safety  With friends or family Other: \_\_\_\_\_

If you are not homeless which of the following represents your living situation?

Own a Home Renting:  House  Manufactured Home  Apartment (2-4 Units)  Apartment (4+ Units)





Mobile Home  Travel Trailer      Other: \_\_\_\_\_

**Housing Status Continued**

Do you have Sec 8, HUD, Housing Assistance or live in Low-Income Housing?  Yes  No

If yes please explain \_\_\_\_\_

How long have you been in your present living situation? \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your rent payment history:  Poor  Fair  Good    • Credit rating:  Poor  Fair  Good

Do you have an eviction notice?  Yes  No

If yes, please answer the following:  72-hour notice  30-day notice

Have you spoken to your landlord?  Yes  No

• Are you able to make any payment?  Yes  No    • If yes, how much? \$ \_\_\_\_\_

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**Utility Assistance**

I would like help with my:  Electric  Natural Gas  Oil  Propane  Wood  Pellets  Solar  Other

Have you received energy services since October?  Yes  No

What is the name of your utility company? \_\_\_\_\_

Do you have a shutoff or final notice?  Yes  No    • If yes, please answer the following:

Have you spoken to your utility company about this shutoff?  Yes  No

What is the shutoff date? \_\_\_\_\_ • How much can you pay to stop this shutoff? \_\_\_\_\_

When did you last make a payment on your bill? \_\_\_\_\_

Are you on a time-payment plan?  Yes  No

Are you interested in receiving free Weatherization services?  Yes  No

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**Additional Information**

The following information will enable us to effectively serve you but will not be factored into eligibility.

Has drug, alcohol abuse, or gambling affected your household?  Yes  No

Are one or more of these still a factor in your life?  Yes  No

Has domestic violence impacted your life?  Yes  No

Is it still a factor in your life?  Yes  No

Has anyone in your household been arrested or convicted of a crime in the past 5 years?  Yes  No



Please complete page regardless of  
past energy education workshops

# Energy Education Checklist

Please complete entire form

CUSTOMER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## Energy Use

Things I can do to make my home more efficient:

- Set Water heater temperature to 120°
- Repair dripping faucets
- Help air circulate; keep furniture at least one foot away from heaters and make sure drapes and curtains don't block heaters
- Set refrigerator temperature to the range of 36° - 40°
- Install water saving devices, low flow shower heads and faucet aerators

*This can help me save as much as \$10.00 a month*

Things I can do to change the way I use energy:

- Set daytime thermostat temperature to 68° - 72°
- Set nighttime thermostat temperature to 55° - 65
- Wash Clothes in cold water
- Limit showers to 5 minutes *Showers are the second largest water user in the home*

## Meter reading and bill paying

Things I can do to be more proactive towards my utility bills:

- Learn to read meters and record usage
- Access equal payment or time payment plans with my utility company
- Make a payment on my utility bill every month
- Talk to the utility company whenever my payment will be late or I can't make a payment, take notes of my conversation with the utility company

*Never make a commitment I can't keep*

I understand the above action items can make my home more comfortable and energy efficient.

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INTAKE SPECIALIST INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_