

Fill-In Form Instructions

1. Complete the form.
2. Save completed form to your computer under a different name.
3. Email the form as an attachment to the appropriate contact.

If you are not sure where to email the form, contact our office at 701.746.5431.



For Office Use Only:

_____ Approved _____ Denied

_____ Date

Community Services Grant Application for Assistance

Applicant Information

Full Name: _____ Date: _____
LastFirstM.I.

Address: _____
Street AddressApartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Reason for income loss:

- COVID related job loss/furlough/layoffs
- COVID related reduction in compensated hours
- COVID related illness
- Other (please specify) _____

Services Requested: _____

Are you currently employed? YES NO

What is the size of your household? _____

What is your total monthly income? _____

Date of income loss: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Vendor Information

Property Manager: _____ Utilities: _____
Most Recent Employer

Health Insurance _____

Please attach all supporting documents (employment verification, pay stubs, termination letter, bank statements, lease agreements, picture ids, disconnect notice, etc.) to this application.

General Intake Form

Red River Valley Community Action Agency, 4212 Gateway Dr, Grand Forks, ND 58203

701-746-5431 - Phone 701-746-0406 - FAX Services seeking: _____

Date	First Name					M.I.		Last Name	
Birthdate ____/____/____	Age	Social Security Number ____-____-____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S Military <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military			What is your Ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			How many in the Household?		
What is your primary race? <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above)			What is your highest level of education? <input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary			What is your medical coverage? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <input type="checkbox"/> Other			
What is your family type? <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults. No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____			What is your current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown			Work Status? <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short Term, 6 months or less) <input type="checkbox"/> Unemployed (Long Term, more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Retired <input type="checkbox"/> Youth (14-24) neither working or in school			
Mailing Address			City		State ND		Zip Code		County
Primary Phone Number:			Secondary Phone Number:			Email Address:			
What income do you receive?		How much?	How often?	What Benefits do you receive?		How much?	How often?		
<input type="checkbox"/> Employment		\$		<input type="checkbox"/> SNAP		\$			
<input type="checkbox"/> Social Security/SSI/SSDI (circle)		\$		<input type="checkbox"/> WIC		\$			
<input type="checkbox"/> VA Benefits		\$		<input type="checkbox"/> LIHEAP		\$			
<input type="checkbox"/> Child / Spousal Support (circle)		\$		<input type="checkbox"/> Section 8/ Public Housing		\$			
<input type="checkbox"/> TANF		\$		<input type="checkbox"/> Permanent Supportive Housing		\$			
<input type="checkbox"/> Pension / Retirement (circle)		\$		<input type="checkbox"/> HUD-VASH		\$			
<input type="checkbox"/> Unemployment		\$		<input type="checkbox"/> Childcare Voucher		\$			
<input type="checkbox"/> Other: _____		\$		<input type="checkbox"/> Other: _____		\$			
<input type="checkbox"/> I have no income at this time (initial here): _____				<input type="checkbox"/> I have no benefits at this time (initial here): _____					
<p>I, _____ [print name], understand Red River Valley Community Action (RRVCA) will maintain the confidentiality of personal and financial information I provide, except that RRVCA may share information with individuals within RRVCA or acting for RRVCA as necessary to provide services to me, to keep me updated about RRVCA programs, services and initiatives and to administer its programs and RRVCA may disclose information upon request of or as required by RRVCA's funding sources and/or for purposes of internal or external audits, monitoring, investigations or evaluations, and as authorized or required by law, legal process, or court order. For any other purpose, RRVCA will only disclose information with my written consent.</p>									
Applicant Signature: _____							Date: _____		

Additional Household Members

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to HoH	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount/How often	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to HoH	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to HoH	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to HoH	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

**CSBG-COVID SELF CERTIFICATION
ND DEPARTMENT OF COMMERCE/DIVISION OF COMMUNITY SERVICES**

Instructions: This form is to be completed by applicants or program participants when they are unable to provide the ND Division of Community Services required verifications or other documents and self-certification is the only way the agency is able to verify information related to the CSBG-COVID.

This section to be completed by the applicant/participant

Date	Name of Head of Household
Address	City
State	ZIP Code
Telephone Number	Email Address
<p>Self-Certification of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of sufficient financial resources and/or support networks and no subsequent residence has been identified <input type="checkbox"/> Fleeing domestic violence <input type="checkbox"/> Exiting from institution <input type="checkbox"/> Loss of employment, furlough, reduced hours <input type="checkbox"/> Medical <input type="checkbox"/> Staying home with children due to COVID 	

Certification: I hereby under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify information provided.

Client Signature	Date
Intake Staff Signature	Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

CARES APPLICATION

Documents to include with Application:

- Copy of eviction notice (if applicable)
- Copy of disconnect notice (if applicable)
- Copy of signed lease
- Proof of income from last 30 days for all household members (pay stubs, unemployment statement, SNAP/TANF, etc)
- Letter from employer stating you were laid off/furloughed or had a reduction of hours due to COVID
- Copy of ID and social security cards for all household members