

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
kjohnson@rrvca.com or psolga@rrvca.com

Questions? Contact our office at 701.746.5431.



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

Dear Helping Hand Grant Applicant:

This packet consists of an application and a client intake form for the *Helping Hand Grant*. Please complete, sign and date the application and intake form and submit the information below that pertains to you.

Please submit **one** of the following for income verification:

1. A copy of your "Client Notice of Action" from County Social Services, if you are on heating assistance.
2. IRS Income Tax Return
3. Benefits: Social Security – Disability, Veteran's, Retirement/Pension. A copy of proof will work.
4. Employment: Past 12 months: Can be printed from your employer or copies of each pay stub.
5. Unemployment or Worker's Compensation.
6. SSI, TANF, School Grant, or Alimony.

Please provide a copy of home ownership verification and property tax statement.

Once we have received the above information and your application is approved we can proceed with the project. In some cases, a client share may be required. Red River Valley Community Action will advise you regarding client participation, once an estimate for the project has been received from a contractor.

If you have any questions or concerns, please contact our office at 701-746-5431 or toll free at 800-450-1823 and ask for Kathie.



Red River Valley Community Action's Helping Hand Application
 Red River Valley Community Action
 4212 Gateway Dr
 Grand Forks, ND 58203

Name:	Phone#:	Cell:
Address:		
City:	State:	Zip Code:
Social Security #:	County:	
Directions to your home:		
<u>Eligibility Data:</u> Please check all that apply: <input type="checkbox"/> Elderly (Over 60 years old) <input type="checkbox"/> Handicapped <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Other		<u>Income: Please enclose copies of income verification</u> Social Security: _____ Disability: _____ SSI: _____ Retirement: _____ Vet Benefits: _____ TANF: _____ Unemployed: _____ Employment: _____ Other: _____
Total number of people living in your household _____ Age(s) of everyone in household _____ _____		
Are you Currently on Fuel Assistance? (If yes, please attach acceptance letter or data sheet) _____ • Please attach documentation that you are current on your property tax.		

THE INFORMATION PROVIDED ME TO ESTABLISH MY ELIGIBILITY IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I authorize the release of all employment/income records for the purpose of obtaining data required to determine eligibility and for evaluation of energy conserving effectiveness of the work done. My residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure by federal, state or local programs.

Signature of Applicant **Date**

Any and all information regarding clients will be kept confidential. All application and eligibility-determination information will be protected against discrimination access by RRVCA staff and will not be made available for public view.

Agency Review:

Application Status: Approved: _____ Disapproved with Reason: _____

By: _____ Date: _____

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	