

# Central Oklahoma Community Action Agency

Administrative Offices 131 N Bell PO Box 486, Shawnee, OK 74802

Norman – Stillwater – Shawnee – Guthrie – Seminole – Prague

www.cocaa.org 405-275-6060 Fax 405-214-4326

COCAA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation.
and marital or family status.

%

FPL:

CAP#

					1				Relationship to YOU	
County									Marital Status	
				( <b>/</b>	Other \$	,	MONTHLY TOTAL \$		Disabled? Y/N	
ne			mount: \$	Shelter Other (please specify)		State Supplemental \$ SSI \$	curity_\$		Highest Grade Completed	
Phone			lortgage A	nelter Ot	TANFS	State Sup	Social Security_\$_SDI \$		Gender M/F/0	
Gender	Μ Θ	Assistance Requesting?	Monthly Rent/Mortgage Amount:	Rent Own Sh	nent \$	nt \$	SNAP(Food Stamps) \$Child Support \$	present address (use back if needed)	Social Security #	
Social Security #		Zip		circle one)	Unemployment \$		SNAP(Food Stam	nt address (	Primary !	
Social S		State		Housing (circle one)	Source of	Income:	Amount)		US Citizen? Y/N If no, documented or undocumented?	
ame					ο <sub>ν</sub>		Bi/multi-Racial Other	ith you		
Last Name					_YES	e? White	Bi/mul Other	living w	Race	
		City		Vo whom?		Tribe?N		ho are	DOB	
First Name		Physical Address		a referral? Yes or No If yes, from whom?	Are you Hispanic?	American Indian/AN	Asian Hawaiian/PI	List ALL persons, including yourself, who are living with you at your	Name	
Today's Date		No. in Household		Do you have a referral?	Race/	Ethnicity		List ALL perso		

application, or that it has been read to me. I further certify that all information contained herein is true. I understand that this authorization does not relieve me from full responsibility Applicant Rights and Responsibilities: I understand that I have the right to a fair hearing of any action directly concerning this application. I certify that I have read completely this for the information contained on this application. I also certify that a false statement or false representation made by me for the purpose of obtaining services makes me subject to such as release of information listed above to other agencies on my behalf for the purpose of verification in connection with any assistance that may be provided to me. prosecution under penalty of law. I also authorize Central Oklahoma Community Action Agency to make any and all inquiries to verify the answers I have given,

## Applicant Signature:



Household member's name:	
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Please answer the following questions, circle the approp	oriate response.
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- 1. Have you earned a High School diploma or GED? GED HSD
- 2. If yes, was this in Oklahoma? YES NO
- 3. Do you have access to reliable transportation? YES NO
- 4. Do you have a valid driver's license? YES NO
- 5. Do you have health coverage? YES NO
- 6. If yes, what type of coverage? PURCHASED BY YOU THROUGH YOUR EMPLOYER

  MEDICAID MEDICARE IHS MILITARY STATE INSURANCE FOR ADULTS

  STATE INSURANCE FOR CHILDREN OTHER
- 7. What is your military status? ACTIVE MILITARY VETERAN NEVER SERVED
- 8. Are you a farmer? YES NO
- 9. What is your work status? EMPLOYED FULL TIME EMPLOYED PART TIME

  RETIRED UNEMPLOYED, LONG TERM(more than 6 months)

  UNEMPLOYED, SHORT TERM(less than 6 months)

  UNEMPLOYED, NOT IN THE WORK FORCE MIGRANT SEASONAL FARM WORKER
- 10. Please circle the following NON-cash benefits that are received in your household?

AFFORDABLE CARE ACT SUBSIDY CHILDCARE VOUCHER
HOUSING CHOICE VOUCHER(SECTION 8) HUD-VASH(VETERANS)
PERMANENT SUPPORTIVE HOUSING(DISABLED) PUBLIC HOUSING
COMMODITIES LIHEAP SNAP(FOODSTAMPS) WIC
OTHER(SPECIFY)

11. Are you currently a student? YES NO



### community Central Oklahoma Ction Community Action Agency

Serving Cleveland, Lincoln, Logan, Payne, Pottawatomie and Seminole Counties

#### Authorization to Release Information

	1,, hav	e applied for assistance from				
405.275 6060	Central Oklahoma Community Action Agency (COCAA	). In order to determine my				
	eligibility for assistance, I hereby authorize COCAA to v	erify any information				
Central Oklahoma	contained in my application, and in other documents I pro	ovide in connection with the				
Transit System (COTS)	request for assistance.					
405.273.3000	I understand that my personal information and that of mi	nor children in my household				
	may be shared with third parties, including, but not limite	ed to, other agencies,				
Rx for OK 1 800 256.5940 organizations, or individuals. Any information that is released or di		eased or disclosed to a third				
	party will be used for the sole purpose of coordinating re-	게 ''(() () 이 시간에 가지 하지 하지 하지 하지 않는 () () () () () () () () () () () () ()				
and the D	services to me and/or members of my household. COCA	A respects the				
ommunity Resource evelopment Offices	confidentiality of all personal information, and requires that any third party rece					
	personal information warrant the same with a statement of					
Cleveland	medical information that is released or disclosed will be	protected in accordance with				
405 701 2170 405 434 6100	the HIPAA Privacy Rule.					
SECTION CONTROL OF THE PROPERTY.	This authorization is valid for one (1) year from the date	signed I may revoke this				
	authorization at any time by providing written notice to C	1 5				
Lincoln 405 695 1630	already been taken upon it. A copy of the authorization may be accepted as an					
	original.					
Logan	original.	danata adalah anah animati an				
Logan 405.466.8249	By signing below. I acknowledge that I have read and un					
41 a + 22 a d C C C C C C C C C C C C C C C C C C	-					
405.466.8249 Payne	By signing below. I acknowledge that I have read and un					
405.466.8249	By signing below. I acknowledge that I have read and un					
405.466.8249 Payne 405.624.2533	By signing below, I acknowledge that I have read and un or that it has been explained to me. I have freely and vol					
405.466.8249 Payne	By signing below. I acknowledge that I have read and un	untarily given this consent.				
Payne 405.624.2533	By signing below, I acknowledge that I have read and un or that it has been explained to me. I have freely and vol	untarily given this consent.				
Payne 405.624.2533 Pottawatomie 405.275.6060 Seminole	By signing below, I acknowledge that I have read and un or that it has been explained to me. I have freely and vol  Signature of Applicant  Staff Use Only	untarily given this consent.  Date				
Payne 405.624.2533 Pottawatomie 405.275.6060	By signing below, I acknowledge that I have read and un or that it has been explained to me. I have freely and vol  Signature of Applicant  Staff Use Only  I certify that the individual above has been given an opposite to the signature of the s	Date  Dortunity to ask questions				
Payne 405.624.2533 Pottawatomie 405.275.6060 Seminole	By signing below, I acknowledge that I have read and un or that it has been explained to me. I have freely and vol  Signature of Applicant  Staff Use Only  I certify that the individual above has been given an opposite about the terms and conditions of this authorization. If	Date  Dortunity to ask questions they were unable to read				
Payne 405.624.2533 Pottawatomie 405.275.6060 Seminole	By signing below, I acknowledge that I have read and un or that it has been explained to me. I have freely and vol  Signature of Applicant  Staff Use Only  I certify that the individual above has been given an opposite to the signature of the s	Date  Dortunity to ask questions they were unable to read				
Payne 405.466.8249  Payne 405.624.2533  Pottawatomie 405.275.6060  Seminole 405.382.1800  Volunteers Impacting People (VIP)	By signing below, I acknowledge that I have read and un or that it has been explained to me. I have freely and vol  Signature of Applicant  Staff Use Only  I certify that the individual above has been given an opposite about the terms and conditions of this authorization. If	Date  Dortunity to ask questions they were unable to read				

#### CENTRAL OKLAHOMA COMMUNITY ACTION AGENCY (COCAA)

Please read the following service guidelines for COCAA FEMA/EFSP Program. Your signature will be required to verify that you have reviewed and understand these guidelines. In the interest of fairness and organized service, COCAA reserves the right to deny assistance if you are not eligible for services or if funding is not currently available. All assistance with COCAA will require that the bill be in the actual name of the person seeking assistance or a current member of the household. Household is defined as everyone living under the same roof/at the same address. All income for the household will be required to be fully disclosed.

- 1. COCAA emergency services eligibility requirements are as follows:
  - You must NOT have received rent or utility assistance in the last 24 months.
  - Clients must reside in the county where service is being requested
  - A new COCAA application for service including all required documentation must be completed at each visit.
  - Your household income must be at or below the 125% Federal Poverty Guideline
- 2. Identification requirements are as follows: Current photo ID, social security cards for every household member, verification of county residence and verification of all income.

#### Acceptable forms of ID are:

- State drivers license
- State issued photo ID
- Passport
- Military ID
- Tribal roll cards IF has photo on it CDIB Cards (Certified Degree of Indian Blood)
  - \*Any identification expired more than 30 days will not be accepted

#### Acceptable forms of Social Security number verification are:

- Actual or copy of SS cards
- SSA verification of application for replacement card containing SS#
- Other documents provided by the SSA
- DHS verification
- W-2 form dated within the last 12 months
- Medicare Card
- Military ID

#### Acceptable forms of residency verification are:

- Current utility bill (no cable or phone bills will be accepted)
- County property tax statement dated within the last 12 months
- Current DHS statement of benefits containing physical address
- Lease dated within the last 12 months

#### Acceptable forms of income verification are:

- Paystubs for last 30 days
- SS/SSI/SSD award letters for current year
- Current DHS statement of benefits
- W-2 forms for current year
- · Bank statements issued within the last 30 days
- 3<sup>rd</sup> party verification/letter from employer
- \*Under no circumstances will a handwritten note/letter be accepted

- Not all COCAA offices provide rent and utility assistance. Funding expenditures are determined by the county FEMA/EFSP board. Please ask the COCAA staff member in your county for local FEMA/EFSP determinations. No security deposit assistance is allowed under FEMA/EFSP funding guidelines.
- 4. Rent/Mortgage assistance will be provided under only two circumstances:
  - 1) when rent is delinquent OR 2) when assistance is for the first month's rent. For delinquent rent a late notice is required from your landlord, no handwritten late notices will be accepted. Rent agreement/lease is required for assistance. If assistance is required for first month's rent, a newly signed and dated lease will be required before funding will be released to landlord. Rent payment must guarantee you 30 days of service.
- COCAA will require a current dated utility bill to assist you with gas, electric, water or propane. Utility
  assistance will be provided only when the utility is due within 5 days or is past due. COCAA will pay only up
  to one month in arrears. Utility payment must guarantee you 30 more days of service.

COCAA is a caring help agency. If you feel you have been unfairly denied services you have the right to appeal by filing a Customer Complaint form with COCAA administrators.

Applicant Signature:	Date:	

Revised 8-13-2013

#### Appeals/Grievance Procedures for Applicants

The Central Oklahoma Community Action Agency strictly adheres to the requirements of the Oklahoma Department of Commerce Applicant Appeals Procedures to ensure equal access to services and resources available under programs funded by ODOC.

- This notice of the Right to Appeal shall appear on all application forms used to determine applicant eligibility for any services or resources provided with funds received from ODOC.
- The Central Oklahoma Community Action Agency shall initiate the appeals procedure upon request by an applicant within 10 days of the request.
- After all local appeals procedures have been exhausted, an applicant may appeal
  the Central Oklahoma community Action Agency's decision to ODOC. In such
  cases, COCAA staff and appellant shall provide the Director of Client Services
  and if necessary, the Executive Director with all relevant documentation.
- The applicant appeals procedure shall guarantee that each person seeking services shall:
  - a. Have the right to file formal application for services or resources upon request
  - b. Be afforded an opportunity to have private and confidential interviews pertaining to the case.
  - c. Not be denied assistance on the basis of race, color, gender, creed, religion, age, political preference, sexual orientation or disability.
  - d. Receive timely approval or disapproval of application, and
  - e. Receive written notification of appeal and appeal procedures, including notices that:
    - I All aggrieved parties shall be afforded a reasonable opportunity for a fair hearing
    - II The applicant or the representative of the applicant shall have access to records relevant to the appeals process.
    - III The applicant shall have the right to a timely determination and prompt notification of the hearing decision