

Douglas County CSBG

PROGRAM MANUAL

Creating conditions whereby low-income, Douglas County residents have the opportunity to obtain and maintain self-sufficiency.

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Douglas County CSBG

Eligibility Requirements:

Douglas County does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, ethnicity, color, national origin, disability, gender, veteran status, political beliefs, religion, sexual orientation or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Douglas County directly or through a partner organization with which it arranges to carry out its programs and activities.

Program eligibility shall be determined at the time of assessment and shall be valid for up to 12 months from the date of assessment. Redetermination of eligibility may occur at any time.

Participants must meet the following minimum eligibility requirements:

Residents of Douglas County

Community Service Block Grant (CSBG) funds are for the benefit of local residents within Douglas County. Proof of residency should be determined and documented by at least one of the following:

- Valid Colorado Driver's License or identification with a Douglas County address;
- A current lease or utility company document stating an address within Douglas County;
- For a family or individual who is homeless the following may be taken into account when determining residency:
 - Last permanent address within Douglas County;
 - Current employment within Douglas County;
 - Children enrolled in Douglas County schools;
 - Staying temporarily in a hotel or motel within Douglas County;
 - Where they spent the night prior to assessment.
- In order to be eligible to receive assistance, an applicant must be lawfully within the United States. All members of the household over the age of 18 will submit the Statement of Residency and a valid, state identification as required by Federal guidelines.

Household Size

The following will serve as the default guidelines for determining household size and program eligibility.

- For the purposes of determining eligibility, "household" shall be defined as any individuals or group of individuals who are living together as one economic unit and defines themselves as a household.
- The following should be included in determining household size:
 - Adults included on lease or housing documentation;
 - Dependent relatives, regardless of age;
 - Children under age 21, regardless of dependency, living in the household at least 92 overnights per year;

- Children between 18 and 26, regardless of dependency, living in the household at the time of assessment;
- Any unborn child;
- All others self-identified by the family as being a part of the family unit.
- The following should not be included in determining household size:
 - Spouse or partner not living in the household, regardless of legal status of the relationship;
 - Children under 21 living in the household less than 92 overnights per year;
 - Non-related persons living in the household who would not benefit from the assistance.

Considerations:

- In determining whether an individual is a part of a household, the DC Cares may consider factors such as whether the individual pays for his or her own food and occupancy.
- Special consideration should be given when determining household size when multiple generations (more than 2) of related family members are living together.
- Where determination of household size is difficult to quantify, a determination shall be made by asking the question, “who shall the assistance benefit?” or “who does the family self-define as their family?”

Income Qualifications

Residents must have a household income of less than 125% of the current Federal Poverty level and defined by the United States Department of Health and Human Services.

Applicants must provide proof of all income, as defined below, at the time of assessment. Depending on an individual’s circumstances and the documentation available, it may be reasonable to calculate client income based upon the household’s gross income in the past 30 days (multiplied by 12) or based upon a review of the past year. In addition, case-by-case circumstances such as seasonal employment, recent loss of employment, an isolated and temporary spike or decline in earnings, or starting employment while waiting for a paycheck may require staff to exercise reasonable discretion to determine, on a case-by-case basis, the most appropriate time period to review. In exercising this reasonable discretion, the goal in each case should be to most accurately determine a client’s actual financial position at the time of assessment.

Household income is calculated as the sum of all income received by all adults in the household over the age of 18. Income of dependent children under the age of 26 should not be included in determining household income.

- Sources of Income
Income includes total annual cash receipts before taxes from all sources such as:
 - Wages and salaries before any deductions;

- Net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses);
- Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses);
- Regular payments from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income, and non-federally-funded General Assistance or General Relief money payments), and training stipends;
- Alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household;
- Private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments;
- College or university scholarships, grants, fellowships, and assistantships;
- Dividends, interest, net rental income, net royalties;
- Periodic receipts from estates or trusts, and
- Net gambling or lottery winnings.

Income does not include:

- Tax refunds;
 - Assets drawn down as withdrawals from a bank or the sale of property (such as a house or a car);
 - Capital gains;
 - Gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury;
 - Ordered but not received alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household;
 - Employer-paid or union-paid portion of health insurance or other employee fringe benefits;
 - Food or housing received in lieu of wages;
 - Federal or state noncash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance; or
 - Payments required under federal or state law to be excluded from the definition of income for calculating eligibility for federal or state public benefit programs, such as cost reimbursements under the federal Foster Grandparent program (see 45 C.F.R. § 2552.47).
- Documentation

Applicants must provide documentation of their household's source(s) of income. Some examples of acceptable documentation include: pay stubs; a current tax return; IRS Form W-2 and/or 1099; a letter from an employer; a Social Security check or benefits statement; retirement income statement; unemployment insurance benefit statement;

child-support payments documentation (copies of checks, history of payments or court papers); or self-employed accounting records.

Applicants must sign form attesting to the accuracy of the information provided to the eligible entity, including the attestation of no income. Staff conducting the eligibility assessment will sign income certification to verify accuracy of income determination.

Any applicant who is found to have made fraudulent claims in regards to their income may be denied further assistance.

DC Cares administration will be required to retain documentation for up to 5 years or as otherwise required by federal law, local policy or funding requirements. Electronic retention of documents is permitted except as specifically required.

- Denial of service

Residents who are denied service due to eligibility standards may appeal the determination in writing to the Program Manager within 30 days of notification. Residents may be provided with written documentation of eligibility standards if requested. It will be the responsibility of the resident to provide sufficient documentation to prove eligibility. The Program Manager will have 30 days to issue a final determination, based on the information submitted by resident, in accordance with the eligibility standards set forth in this manual. Should a change occur with the resident that allows them to meet the eligibility standards, the resident may be reconsidered, at any time.

Due to the availability of funding, no waiting list for services will be maintained. Families denied services may be reconsidered at any time.

Families will be notified in writing, email, phone or other agreed to method within 30 days of assessment.

Program Assistance:

The following provides an overview of assistance available through CSBG. Allowable expenses, as defined in the CSBG contract between Douglas County and the Colorado Department of Local Affairs will supersede the following list.

The total amount of assistance to any household may not exceed \$5000. Residents may receive less due to eligibility, funding limitations, availability of funds or as determined by the Program Manager.

Employment Support

Approved Uses:

- Ongoing rent assistance (not to exceed \$5,000)
- Ongoing hotel assistance (not to exceed \$5,000)
- Taxi vouchers for work related trips

- Vehicle registration
- Minor car repairs (not to exceed \$500)
- Purchase of tools for employment
- Purchase of work uniforms
- Cost of vision services including examination and purchase of corrective eyewear
- Cost of dental services including examination, cleaning and minor dental repair

Limits:

- Client may receive assistance for up to one year after initial qualification regardless of change in income.
- Maximum allowable assistance for any single item above may not exceed \$1,000 unless otherwise noted.

Emergency Assistance

Approved Uses:

- Emergency hotel payments for up to 2 months (not to exceed \$2,000)
- One-time emergency utility assistance
- Stabilized housing through long-term rent assistance for up to one year
- Rapid re-housing vouchers

Limits:

- CSBG emergency services funds for housing and utilities may only be used once per program year.

Additionally, the following shall apply to all benefits:

- All assistance will be applied to the family maximum unless otherwise noted;
- All assistance requests must be made by the resident and submitted to the Program Manager for approval;
- No family may be the direct recipient of the benefit (i.e.: Douglas County cannot make direct payment to a participant, or cannot pay for a security deposit on an apartment but may be able to pay first month's rent.);
- All assistance payments will only be made to a qualified vendor.

PROGRAM FORMS

Authorization for Release of Information

Applicant: _____

Federal confidentiality rules (42 CFR, Part 2) prohibit any further disclosure of this information unless expressly permitted by written consent. This consent is voluntary and is valid for a period of time not to exceed sixty (60) days following termination of services. All information and records received shall be kept confidential by Douglas County, their partner organizations and other referral agencies.

By signing this form, I understand that I am allowing the agencies listed below, to request and release records and information as needed to each other, **financial institutions, loan companies, employers, physicians, healthcare providers, hospitals, schools, utility companies, landlords, and property managers.** I release these persons, agencies or institutions from any and all liability which may result from providing such information as it pertains to me or members of my household. This consent is given only in connection with its use by Douglas County and for no other purposes. This consent may be revoked at any time by written notice or by a change in guardianship.

Please initial all agencies authorized under this consent:

___ AllHealth Network	___ Douglas County Housing Partnership
___ Bridge of Hope, Greater Denver	___ Douglas County School District
___ Catholic Charities of Central Colorado	___ Douglas Elbert Task Force
___ Cherry Hills Community Church	___ Parker Task Force
___ Crisis Center	___ SECOR
___ Douglas County, Dept. of Community Development	___ St. Vincent DePaul, Castle Rock
___ Douglas County, Dept. of Human Services	___ The Church of the Rock
___ Douglas County Youth Initiative Wraparound	___ Referral agency: _____
___ Other: _____	

Signature of Client _____ Date _____

REFERRING AGENCY INFORMATION

Name of referring agency: _____

Contact name: _____

Email: _____ Phone: _____

Comments:

HOUSEHOLD INFORMATION

Name: _____	SSN: _____
Colorado Driver's License (ID) Number: _____	<input type="checkbox"/> Copy of ID attached
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Orientation: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay, Lesbian, Bi-sexual <input type="checkbox"/> Other	

FAMILY MEMBERS

Name	Relationship	Birthdate	Age	Place of Birth	Veteran	Disability
	SELF					

INCOME VERIFICATION

Income verification attached

Source of Income	Recipient	Monthly Amount
Total Gross MONTHLY Income		
Total Gross ANNUAL Income		

_____ I certify that I receive no taxable income. (please initial)

I certify that the information above is true and accurate:

Client Signature

Date

Assessor Signature

Date

HOUSEHOLD DEMOGRAPHIC INFORMATION

Gender	# of Persons
Male	
Female	
Household Total	

Family Composition	
Age	# of Persons
0-5	
6-11	
12-17	
18-23	
24-44	
45-54	
55-69	
70+	

Family Type	
Single parent female	
Single parent male	
Two-parent household	
Single person	
Multiple adults, no kids	
Other	

Other Information	
Disabled	
Veteran	
Receive Food Stamps	
Legal Permanent Resident	
LEAP	

Adult Education Levels (age 24 and over ONLY)	# of Persons
None – 8 th grade	
Grades 9-12 non-graduate	
High School graduate, GED	
12+ some post-secondary	
2-4 years college graduate	
Post graduate	

Sources of Family Income (✓ all that apply)	
No income	
TANF	
SSI, SSDI	
Social Security Retirement	
Pension	
OAP, AND	
Employment	
Unemployment	
Child Support	
Loans or gifts	
Others	

Housing Type	
Own	
Rent	
Homeless	
Other	

Ethnicity	# of Persons
Hispanic, Latino or Spanish Origin	
Not of Hispanic, Latino or Spanish Origin	

Race	# of Persons
White	
Black or African American	
Black, African American and White	
American Indian or Alaskan Native	
American Indian, Alaskan Native and Black African American	
Asian	
Asian and White	
Native Hawaiian and other Pacific Islander	
Multi-Race	
Other	

RESIDENCY DELCARATION

In order to be eligible to receive the assistance you seek, you, as an applicant must be lawfully within the United States. Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing.

I, _____, swear or affirm under penalty of perjury that (check one):

- I am a United States citizen, or
- I am a non-citizen national of the United States, or
- I have an immigration status that makes me a "qualified alien".

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statutes §18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Name (please print)

Signature

Date

Please complete all information.

Client Name: _____ Date: _____

Please provide the following information:

- Assistance Application (if applying for financial assistance)
- Copy of lease, three-day notice, utility statement or other bill
- Utility company release of information waiver (Xcel and Black Hills Energy customers, etc.)

Referred by: _____ Agency: _____

Email: _____ Phone: _____

How will this assist the family in achieving their self-sufficiency goals in their Cares Plan:

Please email and attach all of the above documentation to Rand Clark (rclark1@douglas.co.us) and Faye Estes (festes@douglas.co.us).

PROGRAM USE ONLY

1x Help New Client Existing

Amount approved: _____ **Client ID** _____

Housing Utility Transportation Employment Support Dental Vision Other

Family size: _____ Annual income: _____

Income level: 125% PI 30% AMI 50% AMI

Fund Source: CDBG CSBG Emergency CSBG Self-Sufficiency Other

- ___ Assistance approved
- ___ Confirmed by email, phone, or letter
- ___ Colorado Identification on file
- ___ Demographics and affidavit on file
- ___ Submitted for payment
- ___ Application approved
- ___ Check mailed on: _____

CDBG Assistance Payments:

- Google Doc eligibility
- Google Doc entry
- Environmental complete

Notes:

DOUGLAS COUNT CSBG SELF-SUFFICIENCY TABLE

	In-Crisis	Vulnerable	Stable	Safe	Thriving
Adult Education	No or limited English reading or writing skills	No High School or GED	High School Diploma/GED Some vocational skill	Some college or Vocational skill training	College degree or higher
Employment	Unemployed	Employed part time, seasonal, temporary	Employed full time Inadequate or no benefits	Employed full time w/ Benefits	Employed full time in job of choice w/ Benefits
Natural Supports	DV Runaway	No familial support No natural support	Occasional familial or relational stress. Few local, natural supports	Occasional family or relational stress. Good natural support	Strong natural support system
Financial Capacity	No income No money	Expenses > available cash Less than 125% FPL	Available cash flow to cover expenses	Available cash > expense	Feels in control of finances Freedom of choice
Health Care	No insurance Disability or serious illness	Receives Medicaid or Medicare, no access to care	Receives Medicaid or Medicare, has access to care	Has medical coverage but care is not affordable	Accessible and adequate coverage for entire household
Housing	Unsheltered Living in vehicle Hotel paid by agency	Doubled up Eviction/Foreclosure pending Hotel paid by self	>50% Income	30%- 50% Income	<30% Income
Mental Health	Mental health or substance abuse condition. Danger to self or others	Mental health or substance abuse condition. Not under treatment	Recurrent mental health or substance abuse. Under regular treatment.	History of mental health or substance abuse which no longer requires regular care	Does not require ongoing mental health care
Mobility	No access to transportation	Reliant on transportation services to meet basic needs	Available but unreliable or unaffordable access	Reliable access most times for basic transportation needs	Choice of transportation is available and affordable
Nutrition	No access to adequate food	Rely of food banks to meet my basic food needs	Subsidized access to food (SNAP)	Access to basic food needs without assistance	Choose to purchased desired food without assistance
Child Wellbeing	3 or more contributing factors	2 contributing factors	1 child welfare / juvenile justice factor	1 educational factor	No contributing factors

Contributing Factors: Not attending school, educational support needed, recent school change, child welfare involvement, child abuse or neglect concern, juvenile justice system involvement or runaway

Douglas County CSBG
ASSESSMENT FORM

NAME: _____

DATE: _____

Which best describes your educational experience:

- I have a bachelor's degree or higher
- I have had some college
- I have completed a vocational or skill training program
- I have my high school diploma or GED
- I have not completed high school
- I have limited English reading or writing skills

Which best describes your employment situation:

- Employed full time with benefits
- Employed full time with no benefits
- Employed full time or multiple part time jobs at or near minimum wage
- Employed part time, seasonal or temporarily
- Unemployed

Which best describes your family and natural support:

- I have a strong and supportive family and group of friends
- We have our moments but we have a good system of support
- Our family is struggling and we have very little support
- There is no one to help or support me
- I am a runaway
- I am experiencing or have recently experienced domestic violence

Which best describes your financial situation:

- I have enough to pay my bills and have 3 months of salary in savings
- I have enough to pay my bills and have some money in savings
- I usually have enough to pay my bills but it leaves me with nothing left over
- I typically don't have enough to pay my bills each month
- I don't have any income

Which best describes your health and access to care:

- I have affordable and accessible health care for me and my family
- I have medical coverage but I can't afford to pay for my care
- I have insurance through Medicaid or Medicare and care provider
- I have insurance through Medicaid or Medicare but no care provider
- I do not have medical coverage and have a serious illness or health concern

Which best describes your housing situation:

- I own or rent a place to live which costs less than 30% of my income
- I own or rent a place to live which costs 30% - 50% of my income
- I own or rent a place to live which costs more than 50% of my income
- I live temporarily with friends or family, a motel paid myself, or facing eviction or foreclosure
- I live outside, in a vehicle, or in a motel paid for by others

Which of the following best describe your mental health:

- I do not require ongoing mental health care
- I have had a few concerns but I no longer require regular care
- I have a recurrent mental health concern but I am under regular treatment
- I have a recurrent mental health concern and I am not under any treatment
- I have considered hurting myself or others in the last 90 days

Which statement best describes your access to transportation:

- I can chose my method of transportation and it is affordable
- I have regular and reliable access to transportation
- I have access to transportation but it can be unreliable or unaffordable
- I am reliant on others to meet my transportation needs
- I have no access to reliable transportation

Which best describes your access to nutrition:

- I can choose to purchase any food desired without assistance
- I can meet basic food need without regular assistance
- I have subsidized access to food (SNAP)
- I rely on food banks and others to meet basic needs
- I do not have access to adequate food

Which of the following describes your child(ren)'s wellbeing (check all that apply):

- Not attending school regularly
- Educational supports needed (IEP, 504, free or reduced lunch, etc)
- Recent change in school (last 3 months)
- Child abuse or neglect concern
- Juvenile justice or child welfare system involvement
- Runaway
- None of the above

Do you or any family member have a felony conviction?

YES NO

Are you or your family involved in any legal action?

YES NO

How is your credit?

POOR GOOD

How many children under the age of 18?

3+ None

If needed, do you have access to child care?

NO YES

Do your children receive educational assistance?

YES NO

My family is involved in the Child Welfare system

YES NO

Have you been homeless longer than 12 months?

YES NO

Have you been homeless 3 times in last 2 years?

YES NO

Have you ever been evicted or foreclosed upon?

YES NO

Do you use drugs or alcohol regularly?

YES NO

Have you worked in the last 3 months?

NO YES

Are you a victim of domestic violence?

YES NO

Do you have a permanent disability?

YES NO

FOR STAFF USE ONLY

Total domain score: _____

Final Score

Barriers adjustment: _____

Poverty Guidelines

The following figures are the 2016 HHS poverty guidelines which were published in the [Federal Register](#) on January 25, 2016.

2016 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Household Size	Poverty Guideline	125% FPL	Hourly	Weekly	Bi-Weekly	Monthly
1	\$11,880	\$14,850	7.14	\$285.58	\$571.15	\$1,237.50
2	\$16,020	\$20,025	9.63	\$385.10	\$770.19	\$1,668.75
3	\$20,160	\$25,200	12.12	\$484.62	\$969.23	\$2,100.00
4	\$24,300	\$30,375	14.60	\$584.13	\$1,168.27	\$2,531.25
5	\$28,440	\$35,550	17.09	\$683.65	\$1,367.31	\$2,962.50
6	\$32,580	\$40,725	19.58	\$783.17	\$1,566.35	\$3,393.75
7	\$36,730	\$45,913	22.07	\$882.93	\$1,765.87	\$3,826.04
8	\$40,890	\$51,113	24.57	\$982.93	\$1,965.87	\$4,259.38

For families / households with more than 8 people add \$4,160 for each additional person