



Catholic Charities Help Center

Financial Assistance Application

FOR OFFICE USE ONLY

Date Received _____

Staff _____

How _____

Eligible Ineligible

Ineligible Reason # _____

Catholic Charities has a limited amount of funds to distribute each month. Not all applicants who apply and qualify for financial assistance will receive help. Completed applications will be randomly chosen until funds are no longer available.

THIS APPLICATION IS NOT A GUARANTEE OF ASSISTANCE

When to apply:

We only accept applications between the 1st and 7th of each month.

Early and/or late applications **WILL NOT BE ACCEPTED!**

How to apply:

Return completed application and all copies to:

437 N Topeka, Wichita, KS 67202

Fax: (316) 262-5356

*if mailing or faxing: must be postmarked between the 1st and 7th of the month

*if dropping off: must be dropped in client drop box at front door by 5pm on the 7th

Applications that do not have the items listed below cannot be processed.

- Catholic Charities will **not** make copies of these items; this must be done by the applicant. (Dillon's and the Wichita Public Library have copy machines)

REQUIRED COPIED DOCUMENTS:

- | | |
|---|---|
| <ul style="list-style-type: none"> ➤ Photo ID for applicant ➤ Identification for all additional members of the household including one of the following: <ul style="list-style-type: none"> ❖ Kansas ID/Drivers License <u>OR</u> ❖ Social Security Card <u>OR</u> ❖ Birth Certificate ➤ If you are requesting: <ul style="list-style-type: none"> ❖ Rent Assistance <ul style="list-style-type: none"> ➤ notice from landlord in your name ❖ Utility Assistance <ul style="list-style-type: none"> ➤ copy of current bill in the name of an adult in the household | <ul style="list-style-type: none"> ➤ Current phone number ➤ Proof of income for the last 30 days <ul style="list-style-type: none"> ➤ Employment (copy of paystubs) ➤ SSI/SSDI (letter) ➤ Cash Assistance (SRS printout) ➤ Food Stamps (SRS printout) ➤ Child/spousal support (deposit or check) ➤ Disability (letter) ➤ Unemployment (letter or bank statement) |
|---|---|

NOTE: Due to limited funds, excessively large utility, rent and mortgage bills are **ineligible**. Financial assistance will only be a portion of the amount due.



Individuals or families can only access Financial Assistance through Catholic Charities one time within a 12 month period or four times in a lifetime.

If you have already received financial assistance from Catholic Charities within the last 12 months or four times in your lifetime, you are **not** eligible.



DO NOT CALL to check on the status of your application. We will notify you of services provided once all documentation is verified and processed.



NOTE: All documentation turned in with this application will be shredded after 90 days and will not be returned for any reason

Household Income

Income from Employment – include copies of pay stubs for last 30 days

<u>Employer Name</u>	<u>Family Member Name</u>	<u>Monthly Amount</u>
		\$
		\$

Other Income – Check all that apply and include copies of all marked sources of income

<u>Income Source</u>	<u>Family Member Name</u>	<u>Monthly Amount</u>	<u>Income Source</u>	<u>Family Member Name</u>	<u>Monthly Amount</u>
<input type="checkbox"/> SSI		\$	<input type="checkbox"/> Retirement		\$
<input type="checkbox"/> SSDI		\$	<input type="checkbox"/> Child Support		\$
<input type="checkbox"/> TANF		\$	<input type="checkbox"/> General Assistance		\$
<input type="checkbox"/> Unemployment		\$	<input type="checkbox"/> Other		\$
<input type="checkbox"/> Food Stamps		\$			

Household Expenses

<u>Monthly Expenditures</u>	<u>Regular Monthly Expense</u>
Rent/Mortgage	\$
Electric	\$
Gas	\$
Water	\$
Telephone	\$
Car Payment	\$
Car Insurance	\$
Cable/Satellite TV	\$
Recreation (lottery, cigarettes, trips, gifts, movies, etc.)	\$
Transportation (gas, bus fares, cabs)	\$
Food (include food stamps)	\$
Medical Expenses (doctor, prescriptions, over-the-counter, etc.)	\$
Household Cleaning Supplies	\$
Clothing (Including diapers)	\$
Credit Buying (credit cards, appliances, furniture, etc.)	\$
Trash	\$
Medical Insurance	\$
School Costs (supplies, tuition)	\$
Personal Needs (hygiene, etc.)	\$
Child Care	\$
Other	\$

Agency Use Only

Total Household Income \$ _____

Total Household Expenses \$ _____

Net Household Balance \$ _____

Catholic Charities Help Center

Client Rights and Responsibilities

RIGHTS OF THOSE SERVED:

Catholic Charities Help Center (CCHC) provides food and financial assistance as funds are available. Those provided with help (clients of CCHC) must meet the guidelines for assistance.

RESPONSIBILITIES OF THOSE SERVED:

Services will not be provided to those who are not respectful of other clients or staff or those who cuss, use loud hurtful language, or refuse to provide information required to receive services. Information provided by clients for services is truthful and accurate. New clients are encouraged to meet with the SRS Representative to see if any SRS programs would be of help.

HOURS AND DAYS OF SERVICE:

Food Pantry

Monday through Friday – 9:00 AM to 12:00 PM (noon)

Wednesdays – 3:00 PM to 6:00 PM

Case Management

Catholic Charities Help Center's case management program helps individuals and families with a variety of needs including assessment, referrals, budgeting, and other life skill instructions. Case management is by appointment only. Appointments are available Monday through Friday, from 8:30 AM to 12:00 PM and from 1:30 PM to 5:00 PM.

INFORMATION REQUIRED FOR THOSE SERVED:

1. Photo identification for person applying for assistance.
2. Proof of identification for all other people living in your house for which you want to receive food or financial assistance (accepted sources of identification include: drivers license, social security cards, birth/shot records).
3. *Food assistance applications only:* Proof of address (something with your current name and the address, such as a current lease agreement, utility bill, bank statement or other piece of mail).
4. *Financial assistance applications only:* Copies of the most current utility bill(s), a recent disconnect notice, statement from landlord or eviction notice.
5. *Financial assistance applications only:* Proof of income for the last 30 days, showing income less than 150% of poverty level. Examples of accepted documentation include: most recent pay stubs, SSI/SSDI statements, government assistance statements, bank-originated checking / savings account statements.

The guidelines for assistance are used to decide how needs are met and help is given. CCHC does not discriminate on the basis of race, color, religion, national origin, gender, age, sexual orientation or disability in these decisions.

Clients served by Catholic Charities Help Center have the right to be treated with respect and dignity. Information is given about services provided, other options for receiving services, and consequences if clients refuse CCHC services. Services are voluntary and the client has the right to refuse. CCHC reserves the right to refuse service as well. Clients may still receive services at a later date if services are refused.

Each person, their family member and/or guardian may have a voice in the decision to receive services. Help is not given to children unless the parent/guardian agrees. CCHC respects the special cultural and communication needs of clients. Written information is provided in Spanish and English. Staff and/or volunteers offer help to clients served to understand rights and how to receive services.

Complaints, appeals about a denial of service, and grievances are referred to the Director of Catholic Charities Help Center. If not resolved, the Director of Program Services will respond to the issue. If still not resolved, the Executive Director of Catholic Charities will make the final decision. Complaints regarding food bags must be resolved the same day that the food was picked up.

SIGNATURE & RELEASE OF INFORMATION:

I have reviewed and understand the Rights and Responsibilities. I authorize the Kansas State Department of Social Rehabilitative Services (SRS) through its employees to release information in my record, which would concern my application for benefits to Catholic Charities staff. I also release Catholic Charities staff to provide information to SRS as pertains to my receipt of benefits. I authorize Catholic Charities Help Center employees or its representatives to contact the utility company and/or my landlord to facilitate payment of my bills.

I acknowledge that I have been offered a copy of Catholic Charities' Notice of Privacy Practices with the effective date of April 14, 2003.

I certify that my answers on this application are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in refusal of any and/or all services and may be subject to further legal action.

Signature: _____

Date: _____

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