**COVID OHA Household Assistance Application Intake Date:**

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| **Eligibility Criteria**  | **Area Median Income Guidelines** |
| Both criteria must be met for CARES eligibility.[ ]  Household has been negatively impacted by COVID-191 [ ]  Household income is not more than 80% of the area median income  |

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| **Family Size** | **50% Median** | **Not to Exceed** **80% Median** | **Family Size** | **50% Median** | **Not to Exceed 80% Median** |
| 1 | **$32,500** | **$51,600** | 5 | **$49,750** | **$79,600** |
| 2 | **$36,850** | **$58,960** | 6 | **$53,450** | **$85,520** |
| 3 | **$41,450** | **$66,320** | 7 | **$57,150** | **$91,440** |
| 4 | **$46,050** | **$73,680** | 8 | **$60,800** | **$97,280** |

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| **1Covid-19 Impact**(select all that apply) | [ ]  A loss of income due to COVID-19 related factors [ ]  Compromised health status or elevated risk of infection or vulnerability to COVID-19[ ]  Diagnosed or exposed to COVID-19[ ]  Other (please indicate):       [ ]  Declined to Respond |
| **Participant** |
| **\*Name** (First and Last)       | **\*Phone Number**       |
| **\*Street Address**       |
| **\*City**       | **\*State**       | **\*ZIP**       |
| **\*Date of Birth**       | **\*Social Security Number or ITIN**    **-**    **-**      |
| **Priority Households**[ ]  50% or below area median income [ ]  Black, Indigenous, People of Color (BIPOC) members in household |
| **Gender** [ ]  Female [ ]  Male [ ]  Trans Female (MTF or Male to Female) [ ]  Trans Male (FTM or Female to Male) [ ]  Declined to Respond [ ]  Gender Non-Conforming (not exclusively male or female) | **Ethnicity**[ ] Latinx/Hispanic [ ] Non-Latinx/Non-Hispanic [ ]  Declined to Respond  |
| **Have you ever served in the US armed forces? (OPTIONAL)** [ ]  Yes [ ]  No [ ]  Declined to Respond  |
| **Race** (select all that apply)[ ]  Asian [ ]  Black/African American  | [ ]  Native American/Alaska Native[ ]  Native Hawaiian/Pacific Islander  | [ ]  White [ ]  Declined to Respond  |
| **Additional Race/Origin Information** (select all that apply) | [ ]  African [ ]  Middle Eastern [ ]  Slavic |
| **Primary Language**       | **Does Client Have a Disabling Condition?** [ ]  Declined to Respond [ ]  Yes [ ]  No |

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| **Household Assistance Received**  |
| [ ]  | $1,000 | Visa Card |

*I and/or my household have been negatively impacted due to the COVID-19 pandemic and need this income assistance to help support our household. I certify that the information on this Application is true and accurate to the best of my knowledge. I will be spending this assistance on support for my household. I understand that if I have provided false information, I may be held responsible for the cost of the assistance I received.*

Please type names and use email confirmation process for authorizing signature (refer to Regional Program Standards).

Client Signature       Date       Case Worker/Agency Staff Signature       Date