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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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** | | | | | | | |
| **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 | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **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