#### MID-WEST NEW MEXICO COMMUNITY ACTION PROGRAM COMMUNITY SERVICE BLOCK GRANT (CSBG) CLIENT INTAKE FORM

CSBG	LIHEAP	Restricted		EFSP	HEAT NM	_ GNF	Refe	rral _	отн	ER SPECIFY	:		
									HAVE YOU APPL			1.	ON DEFINITIONS
DATE			PRI	INTED NAME					ASSIST	ANCE?:	NO		RADES 0-8 ADES 9-12
								HΑ	/E YOU APPLIED F			<b>†</b>	D GED OR HIGH
				Taati						ND?	NO YES	II.	OOL DIPLOMA
WHO IS HEAD OF HOUSEHOLD	)?			SSN:					HAVE YOU APPLIE MEX	ICO?	NEW YES		ST SECONDARY DUCATION
PHYSICAL ADDRESS:				MAILING ADDRESS	:			TOW	N	ZI	Р	COLLE	GE GRADUATE
TELEPHONE:				DO YOU R	ECEIVE FOOD STAMF	PS?			IS THERE ANY (	NE WHO IS	A FARMER, MI(	GRANT FARM	WORKER, OR A
					DO YOU RECEIVE WI	YES IC? <sub>YES</sub>	NO	_	SEASONAL FAR		,		,
HOUSING:	OWN	RENT		HOMELESS	OTHER	110			IN YOUR HOUSE	HOLD, IS TH	IERE ANY ONE	WHO IS SEEF	KING EMPLOYMENT?
FAMILY TYPE:	SINGLE MALE PARENT	SINGLE FEMALE PARENT		TWO-PARENT HOUSEHOLD	TWO-ADULTS NO	CHILDREN	SINGLE	PERS			MUTI-GENERATION HOUSEHOLD	ONAL	UNKNOW OR NOT REPORTED
					Income sources				E ANSWER YES				(DEFINITIONS
					on page 2.		QL	JESTI				ABOVE)	
SOCIAL SECURITY #	NAME: F	RST, LAST, MIDDLE	F/	GROSS INCOME PER MONTH:	SOURCE OF INCOME ( <u>BE</u> <u>SPECIFIC</u> ):	DOB:	MILIT STATUS: ACTI	(VET O	HEALTH INSURANCE? (SPECIFY TYPE)	HISPANIC OR LATINO		RACE?	EDUCATION ACHIEVED:
				\$									
				4									
				, <b>þ</b>							+		
				\$									
				\$									
				\$									
				\$									
				4									
				\$							+		
				\$									
				\$									
				\$									
				\$									
				¢									
				\$							+		
				\$									
				\$									
				\$									
				\$									
	тотац	. MONTHLY INCOME		¢.	RENT OR MORT	CACE AMOUNT	¢.			OFFICE US	E ONLY INT	AKE BY:	1
CERTIFICATION:	TIOTAL			14	INCH OR FIORI	SAGE APICON	14						
Applicant Signature			- •		Address	- : • !				:	Date	-11	_
This is to certify that the ab in this program and may be			eSt 01	ı my knowleage. I	understand that if	T Knowingly fa	usity any	y into	rmation on this	ıntake form	T WIII HOT DE	anowed to p	participant

<b>CLIENT NAME:</b>		

#### MID-WEST NEW MEXICO COMMUITY ACTION PROGRAM

COMMUNITY SERVICES BLOCK GRANT (CSBG)

		CLIENT INTAKE FO	PRM PAGE 2		
Disconnected Youth		Number of Individuals	Sources of Income (Check each that apply)		
		Number of Individuals	Employment Only Employment & Other Income Employment, Other Income & Non-Cash Source Other Income & Non-Cash Source		
a. Disabling Condition	Yes	No Unknown	Other Income Source Only Non-Cash Benefit		
b. Health Insurance* *If you reported that you ha source of health insurance b		urance please identify  Number of Individuals	No Income		
i. Medicaid ii. Medicare iii. States Children's Health In iv. State Health Insurance v. Military Health Care vi. Direct Purchase vii. Employment Based viii. Unknown/not reporte TOTAL	ce for Adults		Other Income Sources  a. TANF b. Sup Security Income (SSI) c. Soc. Sec. Disability Income (SSDI) d. VA Service Disability e. VA Non-Service Connected Dis. Pen. f. Private Disability Insurance g. Worker's Compensation h. Retirement Income from Soc. Sec. i. Pension		
<ul><li>Military Status</li><li>a. Veteran</li><li>b. Active Military</li><li>c. Unknown/Not Reported</li><li>TOTAL</li></ul>		Number of Individuals	j. Child Support  k. Alimony or other Spousal Support  l. Unemployment Insurance  j. Earned Income Tax Credit (EITC)		
Work Status (Individuals 1	8+)	Number of Individuals	Non-Cash Benefits		
<ul> <li>a. Employed Full-Time</li> <li>b. Employed Part-Time</li> <li>c. Migrant Seasonal Farm W</li> <li>d. Unemployed (Short-Term</li> <li>e. Unemployed (Long-Term, m</li> <li>f. Unemployed (Not in Labo</li> <li>g. Retired</li> <li>h. Unknown/not reported</li> <li>TOTAL</li> </ul>	n, 6 months ore than 6 mor		a. SNAP (Food Stamps) b. WIC c. LIHEAP d. Housing Choice Voucher e. Public Housing f. Permanent Supportive Housing g. HUD Vet. Affairs Sup. Housing h. Childcare Voucher i. Affordable Care Act Subsidy		
<b>Immigrant Status</b> Is the applicant an immigrar	nt: If Yes	Qualified Not Qualified	· · · · · · · · · · · · · · · · · · ·		



# MID-WEST NEW MEXICO COMMUNITY ACTION PROGRAM COMMUNITY SERVICE BLOCK GRANT SOCIAL SECURITY NUMBER VERIFCATION FORM

SOCIAL SECURITY NUMBER	VERIFICATION SOURCE						
585-00-0001	Soc. Sec. Card						
bove is true and correct to the best	of my knowledge and that these						
curity Administration. I futher und	lerstand that if I misrepresent any						
vices from Mid-West NM CAP.							
Applicant Signature Date							
STAFF CERTICATION:							
This is to certify that the applicant has provided the information noted above regarding the Social Security							
Numbers and that I have visually examined the source documents.							
	Date						
	585-00-0001  Doove is true and correct to the best curity Administration. I futher unchices from Mid-West NM CAP.						



## Mid-West New Mexico Community Action Program 549 Don Pasqual Rd. Los Lunas, NM 87031

Phone (505) 866-0466 Fax (505) 865-1506

#### MIDWEST NEW MEXICO COMUNITY ACTION PROGRAM **AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCER	N:
I,	, am applying for assistance with the Midwest Program.
New Mexico Community Action	n Program.
information necessary in order fe	tice that I give my permission for you to release any or Midwest NM CAP to process my application. This mited to job history, billing history, health, background
This authorization will remain in	n effect for 30 days from the date of signature below.
Client Signature	
	nal approval of this application rests with the
administrative departments and	no promises or guarantees of any kind are made. If this STILL RESPONSIBLE FOR KEEPING UP ALL
OTHER BILLED AMOUNTS.	This application will remain active a MAXIMUM OF 10
DAYS. If the information needs void any you will have to reappl	ed is not completed in that time this application will be y.
	N: I attest that the information contained herein is true to understand that any willful misstatement may be cause
	nd possible federal prosecution. I also understand that
my eligibility is subject to the aveligibility of my household under	vailability of funds at the time of payment, also to the or FEDERAL Guidelines.
Client Signature	Date



## Mid-West New Mexico Community Action Program

549 Don Pasqual Rd. Los Lunas, NM 87031 Phone (505) 866-0466 Fax (505) 865-1506

### NOTICE TO ALL CLIENTS RIGHT TO APPEAL PROCEDURES

The primary mission of the Mid-West New Mexico Community Action Program is to provide human services and activities, which have a major impact on causes of poverty in the community in those areas where poverty is an acute problem, and to assist low-income participants including the elderly, disabled, families and children in becoming self-sufficient.

It is important that all staff members and volunteers of our agency be courteous, helpful and prompt; and that they exhibit a consistent, professional and friendly attitude when dealing with our clients, visitors and other staff. All staff and/or volunteers of this agency will exercise the utmost discretion when dealing with clients and their situations.

We will make a sincere effort to assist eligible clients in addressing their emergency needs based on the resources available. All clients will be granted the same opportunity to apply for assistance subject to grant eligibility guidelines without regard to gender, race, ethnicity, origin, religion or disability.

If any client feels that, he or she has not received fair treatment under the guidelines when applying for assistance he or she may initiate the following appeals process:

Client must submit a statement in, writing, to the CSBG Area Manager or CSBG Area Coordinator, (as applicable), describing nature of the grievance or problem.

- The CSBG Area Manager/Coordinator will review the application or the problem and respond in writing, within three (3) working days of the receipt of the clients' complaint.
- If the problem cannot be resolved at the CSBG Area Manager/Coordinator level, the client may pursue the matter by appealing the decision to the CSBG Administrator. The appeal to the CSBG Administrator must be in writing, stating the problem and addressing why they are not satisfied with the CSBG Area Manager's/Coordinator's response.
- Address complaints to:

C.S.B.G. Administrator Midwest New Mexico CAP 549 Don Pasqual Rd N.W. Los Lunas, NM 87031

• The CSBG Administrator, or designee, we Client within seven (7) working days. The final decision.	vill review all details of the complaint and ne decision of the CSBG Administrator is t	
Client acknowledges receipt of copy Date	Manager or Authorized Representative	——————————————————————————————————————

#### **State of New Mexico**





NAME:		NUMBER OF ADULTS IN HOUSEHOLD:					
ADDRESS:		NUMBER OF CHILDREN IN HOUSEHOLD:					
CITY/STATE/ZIP:	<u></u>	COUNTY	/:	_ PHONE:			
SECTION 1: Automatic Eligibility of below: SNAP (Food Str. (School Lunch Programment Check box if you rece	tamps)/FDPIR/WI m)	C/CSFP (Senior Fo	es one of the follow cod Box Program)/	ving, please check CACFP/FREE or RE	the box DUCED NSLP		
SECTION 2: On the table below, p matches the size of he	PAGE. IF YOU <u>DID</u> lease circle the nu pusehold.	NOT CHECK THE E	n your household A	ND circle the incom	me limit that		
GROSS INCOME LIMI					30, 2024)		
Household Size	Annual Income	Monthly Income	Twice per Month	Every 2 Weeks	Weekly		
	26.072	2.240	Income	Income	income		
2	26,973	2,248	1,124	1,038	519		
3	36,482	3,041	1,521	1,404	702		
4	45,991	3,883	1,917	1,769	885		
5	55,500	4,625	2,313	2,135	1,068		
	65,009	5,418	2,709	2,501	1,251		
7	74,518 84,027	6,210	3,105	2,867	1,434		
8	93,536	7,003	3,502	3,232	1,616		
For Each Additional Family Member, Add	9,509	7,795 793	3,898 397	3,598 366	1,799 183		
ls your income	the same or lowe	r than the numbe	r you circled?	☐ YES	□ NO		
SECTION 3: Please Sign and Date I certify that the total household is automat	gross income for	my household is a	nt or less than the ins I checked above.	ncome I have circle	ed or that my		
Signature		Date					