

SWEETWATER FAMILY RESOURCE CENTER

756 Pilot Butte, Rock Springs, WY 82901

350 Mansface, Green River, WY 82935

Phone: (307) 362-6549 or 875-3791; Email: sweetwaterfamily@gmail.com ; Fax: (307) 362-7750

We know your time is valuable, so before we can assist you, we ask that you locate the following items:

PLEASE MAKE SURE YOU HAVE THESE DOCUMENTS WITH YOU:

- ☐ COMPLETED SFRC PROGRAM APPLICATION
- ☐ ID (picture) and SOCIAL SECURITY CARD of ALL members living in the household
 - Birth Certificate - for children having no picture ID
- ☐ RENTAL DOCUMENTS
 - Lease/Rental Agreement (i.e., apartment, house, mobile, trailer, lot)
 - Eviction Notice or 3-day Quit Notice
 - Proof of ownership (if you own the house/trailer)
 - *Landlord/Tenant Form (supplied by SFRC Staff)
 - *Rental Verification Statement form (supplied by SFRC Staff)
- ☐ UTILITY DOCUMENTS
 - Utility bills, and
 - Shut-off Notice, and/or
 - Door hanger, and
 - LIEAP letter (if applied)
- ☐ PROOF OF ALL INCOME (30-60 days' worth)
 - Pay stubs, or
 - Bank Statements, and/or
 - Child Support/Spousal Support, and/or
 - Benefit letter(s) (i.e. Soc. Sec., SSI/SSDI, VA, Retirement/Pension, UI, Workers' Comp., Medical Documentation)
- ☐ *Employment Verification form (supplied by SFRC Staff, if no paystub and new employment)
- ☐ Proof of vehicle registration and insurance (if applying for any type of travel assistance)

**NOTE: Additional documentation may be needed*

- ☐ Make an appointment to meet with an SFRC Staff member

Please bring all these items with you on your scheduled appointment.

Thank you for your cooperation,

SFRC STAFF



**Sweetwater Family
Resource Center**

Appointment with: _____

Date: _____ Time: _____

756 Pilot Butte, Rock Springs, WY 82901
307-362-6549, 307-875-3791 Fax 307-362-7750
350 Mansface, Green River, WY 82935
307-875-2422

The Sweetwater Family Resource Center is a non-profit public charity established to assist individuals and families with short term emergency assistance for rent, utilities, food, gas, prescriptions, and emergency shelter. Entirely funded by state and federal grants, potential clients must meet pre-established requirements to receive assistance.

Rent and Utility Assistance

- A. Rental and utility assistance can be provided a maximum of 3 times in a given year (for example 1 rent and 2 utility payments), and each instance of assistance is based upon individual need and available funding.
- B. To qualify for rental assistance or utility assistance individuals or families must meet the following criteria:

Rental Assistance:

- 1. Meet income guidelines
- 2. Have an eviction notice or three day quit notice or letter of intent to evict
- 3. Have an ability to sustain rent on an ongoing basis

Utility Assistance:

- 1. Meet income guidelines
- 2. Have a shut off notice or past due bill
- 3. Have an ability to sustain utility payments on an ongoing basis

Food, Gas, Utility, and Prescription Assistance

- A. Food, gas, utility, and prescription assistance is limited to \$150 in a given year (example \$50 Food, \$50 gas, \$50 prescription)
- B. To qualify for food, gas or prescription assistance individuals or families must meet the following criteria:

Food:

- 1. Meet income guidelines

Gas:

- 1. Meet Income guidelines
- 2. Have a valid driver's license
- 3. Have current registration
- 4. Have proof of current insurance
- 5. Have proof of need (job, appointment etc)

Utilities:

- 1. Meet income guidelines
- 2. Have a past due bill or shut off notice

Prescriptions:

1. Meet income guidelines
2. Have a copy of the prescription and cost

Emergency Shelter Assistance

- A. Emergency shelter provides homeless persons with immediate access to shelter, and then offers the supportive services that may be needed to foster long-term stability.
- B. Assistance is determined on a case by case basis

Emergency Shelter:

1. Client is literally homeless - Individual or family who lacks a fixed, regular, and adequate nighttime residence
2. Client is at risk of imminent homelessness - Residence will be lost within 14 days of the date of application for homeless assistance; No subsequent residence has been identified; and the individual or family lacks the resources or support networks needed to obtain other permanent housing
3. Client is fleeing domestic violence - Is fleeing, or is attempting to flee, domestic violence; Has no other residence; and Lacks the resources or support networks to obtain other permanent housing

FY 2019 Income Guideline for Eligibility ESG - Sweetwater County Wyoming

Persons in Family							
1	2	3	4	5	6	7	8
\$18,550	\$21,200	\$23,850	\$26,500	\$30,170	\$34,590	\$39,010	\$43,430

FY 2019 Income Guideline for Eligibility CSBG - Sweetwater County Wyoming

Persons in Family							
1	2	3	4	5	6	7	8
\$15,613	\$21,138	\$26,663	\$32,188	\$37,713	\$43,238	\$48,763	\$54,288

FY 2019 Income Guideline for Eligibility TANF & UW - Sweetwater County Wyoming

Persons in Family							
1	2	3	4	5	6	7	8
\$23,106	\$31,283	\$39,460	\$47,637	\$55,814	\$63,991	\$72,168	\$80,345

Note: Additional requirements for TANF 1. Applicant must be either pregnant or responsible for a child under 19 years of age, 2. Must be a U.S. national, citizen, legal alien, or permanent resident, 3. Have low or very low income, 4. Be under-employed (working for very low wages), unemployed or about to become unemployed.

SWEETWATER FAMILY RESOURCE CENTER

756 Pilot Butte, Rock Springs, Wyoming 82901

Ph# (307) 362-6549; Fax # (307) 362-7750

PROGRAM APPLICATION

Applicant Name _____ Today's Date _____

Physical Address: _____ City: _____ State: _____ Zip: _____

☐ **Check box IF HOMELESS**

Mailing address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Phone: Landline: _____ Cell: _____ Work: _____

Email Address: _____

Someone who will know how to reach me is: _____ Phone: _____

Who referred you to the Sweetwater Family Resource Center for assistance? _____

For what type of assistance are you applying? Rent _____ Transportation/Fuel _____ Utilities _____ Food _____

Other (please specify) _____

Please explain what has happened that creates a need for you to apply for this assistance:



SFRC Staff Signature

Date

SWEETWATER FAMILY RESOURCE CENTER

ISSUES involved in need for assistance. Please check all that apply:

	Lost job – company lay-off	Pregnancy/New baby
	Lost job – fired	Child support paid
	Lost job temporarily due to seasonal work	Child support not received
	Lost job due to long-term ill health, but not yet declared disabled	Disruption of benefits
	Lost job due to being disabled, and eligible for disability	Divorce/Break-up
	Lost job due to COVID-19	Domestic Violence
	Lost job – other	Childcare Issues
	Hours reduced recently	Responsible for care of a relative other than own child
	Only part-time work available regularly at place of employment	Vehicle broke down and paid to repair
	Sick/missed work hours and pay temporarily	Have no vehicle
	Job seeker, unable to find employment for more than three months	School/training time and money
	Resigned voluntarily from job	Theft/loss
	Substance/Alcohol abuse	Need to leave friend/relative's home
	Substance Abuse Treatment/drug court	Eviction
	Travel for health needs	Rent/utility paid to roommate, not passed on
	Mental Illness	Jail time
	Learning Disability	Probation/Parole requirements
	Accident/Injury	DFS case requirements
	Chronic/serious disease	Medical Expenses
	Death of spouse/partner	Traveling through - stranded
	Child health issues	Other

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Complete this chart for all household members:

Name	Relationship to applicant	SS#	Military Veteran	Date of Birth	Age	Gender	Race	Ethnicity
	SELF		<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> Amer Indian/AK <input type="checkbox"/> Pacific Island/HI	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic or Latino
			<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> Amer Indian/AK <input type="checkbox"/> Pacific Island/HI	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic or Latino
			<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> Amer Indian/AK <input type="checkbox"/> Pacific Island/HI	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic or Latino
			<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> Amer Indian/AK <input type="checkbox"/> Pacific Island/HI	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic or Latino
			<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> Amer Indian/AK <input type="checkbox"/> Pacific Island/HI	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic or Latino
			<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> Amer Indian/AK <input type="checkbox"/> Pacific Island/HI	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic or Latino
			<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Am <input type="checkbox"/> Amer Indian/AK <input type="checkbox"/> Pacific Island/HI	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic or Latino

Veteran Information*

Veteran or Eligible Spouse	Service Start Date	Service End Date	Receiving Service Connected Disability Compensation	Disability Percentage %

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Household Type: Couple w/o Children _____ Female Single Parent _____ Male Single Parent _____ Foster Parent _____
 Grandparent w/Child _____ Non-custodial Caregiver _____ Single Person _____ Two Parent Family _____
 Extended Household* _____ Mixed Adults w/Children* _____ Other* _____

Complete this chart for all household members (use additional paper for larger families):

Name	Disability	Health Insurance type	Education level*
	___ None ___ physical ___ HIV/AIDS ___ Alcohol Abuse ___ Drug abuse ___ Developmental ___ Chronic Health Condition ___ Mental Health Condition	___ none ___ Medicaid ___ Medicare ___ Employer provided ___ COBRA ___ Children's Health Insurance (CHIP) ___ Veteran's Admin Medical Services ___ Indian Health Services Program ___ State Health Insurance for Adults ___ Affordable Care Act ___ private pay	___ None ___ K - 8 th ___ 9 th - 10 th ___ 11 th -12 th ___ GED ___ High School Grad ___ Trade School ___ Some college ___ College grad
	___ None ___ physical ___ HIV/AIDS ___ Alcohol Abuse ___ Drug abuse ___ Developmental ___ Chronic Health Condition ___ Mental Health Condition	___ none ___ Medicaid ___ Medicare ___ Employer provided ___ COBRA ___ Children's Health Insurance (CHIP) ___ Veteran's Admin Medical Services ___ Indian Health Services Program ___ State Health Insurance for Adults ___ Affordable Care Act ___ private pay	___ None ___ K to 8 th ___ 9 th - 10 th ___ 11 th -12 th ___ GED ___ High School Grad ___ Trade School ___ Some college ___ College grad
	___ None ___ physical ___ HIV/AIDS ___ Alcohol Abuse ___ Drug abuse ___ Developmental ___ Chronic Health Condition ___ Mental Health Condition	___ none ___ Medicaid ___ Medicare ___ Employer provided ___ COBRA ___ Children's Health Insurance (CHIP) ___ Veteran's Admin Medical Services ___ Indian Health Services Program ___ State Health Insurance for Adults ___ Affordable Care Act ___ private pay	___ None ___ K to 8 th ___ 9 th - 10 th ___ 11 th -12 th ___ GED ___ High School Grad ___ Trade School ___ Some college ___ College grad
	___ None ___ physical ___ HIV/AIDS ___ Alcohol Abuse ___ Drug abuse ___ Developmental ___ Chronic Health Condition ___ Mental Health Condition	___ none ___ Medicaid ___ Medicare ___ Employer provided ___ COBRA ___ Children's Health Insurance (CHIP) ___ Veteran's Admin Medical Services ___ Indian Health Services Program ___ State Health Insurance for Adults ___ Affordable Care Act ___ private pay	___ None ___ K to 8 th ___ 9 th - 10 th ___ 11 th -12 th ___ GED ___ High School Grad ___ Trade School ___ Some college ___ College grad

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Complete chart for all ADULTS in household, list income received in the last 30 days (use additional paper for larger families):

Adult Name	Income from other sources	Non-cash benefits from any source
	\$ _____ Alimony/support \$ _____ Child Support \$ _____ General Assistance \$ _____ Pension/Retirement \$ _____ Private Disability \$ _____ SSDI (social security disability insurance) \$ _____ SSI (social security insurance) \$ _____ Social security retirement \$ _____ TANF/ATAP \$ _____ VA service Disability \$ _____ Unemployment \$ _____ VA non-service disability \$ _____ Worker's Comp \$ _____ Any Other Income (source) _____ _____ None of the above	_____ Low income housing or Section 8 housing assistance _____ Other (source) _____ _____ SNAP (food stamps): \$ _____ _____ TANF/ATAP Child Care _____ TANF/ATAP transportation _____ Other TANF/ATAP _____ Temporary Rental Assistance _____ WIC supplemental nutrition _____ None of the above
	\$ _____ Alimony/support \$ _____ Child Support \$ _____ General Assistance \$ _____ Pension/Retirement \$ _____ Private Disability \$ _____ SSDI (social security disability insurance) \$ _____ SSI (social security insurance) \$ _____ Social security retirement \$ _____ TANF/ATAP \$ _____ VA service Disability \$ _____ Unemployment \$ _____ VA non-service disability \$ _____ Worker's Comp \$ _____ Any Other Income (source) _____ _____ None of the above	_____ Low income housing or Section 8 housing assistance _____ Other (source) _____ _____ SNAP (food stamps): \$ _____ _____ TANF/ATAP Child Care _____ TANF/ATAP transportation _____ Other TANF/ATAP _____ Temporary Rental Assistance _____ WIC supplemental nutrition _____ None of the above
	\$ _____ Alimony/support \$ _____ Child Support \$ _____ General Assistance \$ _____ Pension/Retirement \$ _____ Private Disability \$ _____ SSDI (social security disability insurance) \$ _____ SSI (social security insurance) \$ _____ Social security retirement \$ _____ TANF/ATAP \$ _____ VA service Disability \$ _____ Unemployment \$ _____ VA non-service disability \$ _____ Worker's Comp \$ _____ Any Other Income (source) _____ _____ None of the above	_____ Low income housing or Section 8 housing assistance _____ Other (source) _____ _____ SNAP (food stamps): \$ _____ _____ TANF/ATAP Child Care _____ TANF/ATAP transportation _____ Other TANF/ATAP _____ Temporary Rental Assistance _____ WIC supplemental nutrition _____ None of the above

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Complete chart for all ADULTS in household, list income received in the last 30 days (use additional paper for larger families):

Adult Name	Wages from employment (Gross)	Employment	Income Schedule*
	\$	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> unemployed due to disability <input type="checkbox"/> unemployed due to other reason Employed by: (if applicable) _____	<input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Weekly
	\$	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> unemployed due to disability <input type="checkbox"/> unemployed due to other reason Employed by: (if applicable) _____	<input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Weekly
	\$	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> unemployed due to disability <input type="checkbox"/> unemployed due to other reason Employed by: (if applicable) _____	<input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Weekly
	\$	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> unemployed due to disability <input type="checkbox"/> unemployed due to other reason Employed by: (if applicable) _____	<input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> One Time <input type="checkbox"/> Quarterly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Weekly

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Complete this chart, listing each member in the household (use additional paper for larger families):

Name	Marital status*	Primary Language*
	<input type="checkbox"/> single, never married <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> living with significant <input type="checkbox"/> other	<input type="checkbox"/> African <input type="checkbox"/> American Sign Language Islander <input type="checkbox"/> Caribbean American/Alaskan <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican <input type="checkbox"/> Spanish <input type="checkbox"/> Pacific <input type="checkbox"/> Native North <input type="checkbox"/> Unspecified
	<input type="checkbox"/> single, never married <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> living with significant <input type="checkbox"/> other	<input type="checkbox"/> African <input type="checkbox"/> American Sign Language Islander <input type="checkbox"/> Caribbean American/Alaskan <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican <input type="checkbox"/> Spanish <input type="checkbox"/> Pacific <input type="checkbox"/> Native North <input type="checkbox"/> Unspecified
	<input type="checkbox"/> single, never married <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> living with significant <input type="checkbox"/> other	<input type="checkbox"/> African <input type="checkbox"/> American Sign Language Islander <input type="checkbox"/> Caribbean American/Alaskan <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican <input type="checkbox"/> Spanish <input type="checkbox"/> Pacific <input type="checkbox"/> Native North <input type="checkbox"/> Unspecified
	<input type="checkbox"/> single, never married <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> living with significant <input type="checkbox"/> other	<input type="checkbox"/> African <input type="checkbox"/> American Sign Language Islander <input type="checkbox"/> Caribbean American/Alaskan <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican <input type="checkbox"/> Spanish <input type="checkbox"/> Pacific <input type="checkbox"/> Native North <input type="checkbox"/> Unspecified
	<input type="checkbox"/> single, never married <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> living with significant <input type="checkbox"/> other	<input type="checkbox"/> African <input type="checkbox"/> American Sign Language Islander <input type="checkbox"/> Caribbean American/Alaskan <input type="checkbox"/> East Asian <input type="checkbox"/> English <input type="checkbox"/> European & Slavic <input type="checkbox"/> Middle Eastern & South Asian <input type="checkbox"/> Native Central American, South American & Mexican <input type="checkbox"/> Spanish <input type="checkbox"/> Pacific <input type="checkbox"/> Native North <input type="checkbox"/> Unspecified

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Domestic Violence History:

Victim/survivor? Yes _____ No _____ If yes, when experience occurred: _____ Within past 3 months _____

3 to 6 months ago _____ 6 months to 1 year _____ 1 year ago or more _____ Client doesn't know _____

Client refused _____

If yes, are you currently fleeing? Yes _____ No _____

One Step Forward*: Are you currently attending or have you completed any of the following in the past six months?

____ GED (HISET) or high school ____ Vocational school ____ College ____ English as a Second Language ____ Climb

Wyoming ____ Violence Education ____ Recently started or starting a new job this month ____ Parenting Class

____ Anger Management ____ Financial Management ____ Relationship Training ____ Thinking Skills ____ IOP

____ DVR ____ DFS Power Program ____ Documented Therapy/Counseling ____ None

*(*proof required)*

Please list the amount you spend per month on the following items for **all members of the household***.

Expense Item	Monthly Amount spent for the expense item
Rent or Mortgage	\$
Food	\$
Utilities (electric, gas, water, propane, garbage)	\$
Phone	\$
Transportation (payments, maintenance, gas, insurance, plates, taxes)	\$
Personal Hygiene	\$
Household cleaning items	\$
Medication	\$
Current medical expenses (doctor, dentist, hospital)	\$
Past medical bills	\$
Health and/or Life Insurance	\$
Child Care	\$
Child Support (paid out)	\$
Past Debts (not medical)	\$
Legal Expenses	\$
Clothing	\$
Travel/Entertainment	\$
Other	\$
TOTAL EXPENSES (Add all monthly expenses)	\$

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Complete this chart, listing each ADULT in the household:

ADULT Name	Assets	# of Cars, trucks, SUVs
	___ checking account Value: \$ _____ ___ savings account Value: \$ _____ ___ stocks, bonds, investments; Value: \$ _____ ___ own the home you live in Value: \$ _____ ___ own other real estate Value: \$ _____ ___ boat, snowmobile, aircraft; Value: \$ _____ ___ ATV, camper, motorcycle; Value: \$ _____ ___ None of the above	___ None ___ 1 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 2 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 3 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 4 or more vehicles
	___ checking account Value: \$ _____ ___ savings account Value: \$ _____ ___ stocks, bonds, investments; Value: \$ _____ ___ own the home you live in Value: \$ _____ ___ own other real estate Value: \$ _____ ___ boat, snowmobile, aircraft; Value: \$ _____ ___ ATV, camper, motorcycle; Value: \$ _____ ___ None of the above	___ None ___ 1 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 2 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 3 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 4 or more vehicles
	___ checking account Value: \$ _____ ___ savings account Value: \$ _____ ___ stocks, bonds, investments; Value: \$ _____ ___ own the home you live in Value: \$ _____ ___ own other real estate Value: \$ _____ ___ boat, snowmobile, aircraft; Value: \$ _____ ___ ATV, camper, motorcycle; Value: \$ _____ ___ None of the above	___ None ___ 1 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 2 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 3 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 4 or more vehicles
	___ checking account Value: \$ _____ ___ savings account Value: \$ _____ ___ stocks, bonds, investments; Value: \$ _____ ___ own the home you live in Value: \$ _____ ___ own other real estate Value: \$ _____ ___ boat, snowmobile, aircraft; Value: \$ _____ ___ ATV, camper, motorcycle; Value: \$ _____ ___ None of the above	___ None ___ 1 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 2 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 3 Value: \$ _____ Still owed: \$ _____ Model & Year: _____ ___ 4 or more vehicles

SWEETWATER FAMILY RESOURCE CENTER

Verification:

I hereby verify that my answers on this application are truthful. I understand that funds are limited, and eligibility is not a guarantee of assistance. I understand that eligibility includes income, need, provision of required documents, and the requirement to take "One Step Forward". I understand that any expectations or extensions will be at the sole discretion of the Sweetwater Family Resource Center (SFRC), and that I may be required to update information following assistance.

I understand that I may be contacted in the months following assistance. I agree to respond to calls and requests for information from the Sweetwater Family Resource Center about my experience and my situation following assistance.

I authorize SFRC to verify the information contained in this application, and I authorize those contacted by SFRC to provide the information requested. I have had an opportunity to read and review the HMIS Privacy notice. I agree to hold harmless those persons and agencies providing information, as well as the Sweetwater Family Resource Center and its staff members.

_____	_____	_____
Signature (Applicant)	Printed Name	Date

_____	_____	_____
Signature (Spouse or other adult)	Printed Name	Date

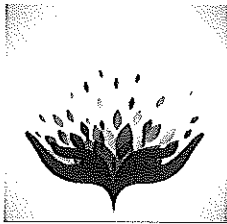
Self-Declaration of Income: *(Adults- please initial the choice that best describes you)*

_____ I certify, under penalty of perjury, that *I currently receive the income indicated on pages 5 & 6.*

_____ I certify, under penalty of perjury, that **I do not have any income** from any source at this time.

_____	_____
Signature (Applicant)	Date

_____	_____
Signature (Spouse or other adult)	Date



Sweetwater Family Resource Center

756 Pilot Butte Rock Springs, Wyoming 82901 (307)362-6549; Fax: (307)362-7750

SFRC CONSENT FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

This document is to be signed by households that intended to receive services. This form allows the Sweetwater Family Resource Center (SFRC) Independence and PATH Case Managers to discuss the participant's case via an exchange of information, which will allow for better planning for the household.

I/We _____ authorize the Sweetwater Family Resource Center (SFRC) Independence and PATH Case Managers to exchange and release information with the following agencies to engage in verbal and/or written communication regarding my family and I. Pertinent records and information can be released between agencies as necessary for comprehensive assessment, service provision, monitory services, research and case management.

- Department of Family Services
- Landlord(s)/Property Manager(s)
- Legal Counsel
- Mental Health/Substance Abuse Treatment Facility/Group Home
- Physician, Dentist, or Hospital
- Probation and Parole
- Public Health and Best Beginnings Coordinator
- School District #1 and/or District #2
- Southwest Counseling
- Sweetwater County Detention Center
- Sweetwater Family Resource Center
- Utility Companies
- Other _____

The following records and/or information may be exchanged:

- Case plans
- Financial needs
- Healthcare information
- Progress reports/services notes/discharge reports
- Social/development history
- Other information to coordinate/facilitate services

for the purpose of case management services that will assist with:

- Financial resources to maintain housing or placement into housing
- Stabilization services to maintain current housing or placement into housing
- Coordinated services planning with my household and the SFRC Staff
- Referrals to other community services that will support my household/family

I have also been informed that I may, in writing to the SFRC Case Managers, revoke this consent for release/exchange of information at any time and this may affect my continued eligibility.

Unless otherwise indicated, this consent for the release/exchange of information indicated above will be valid for a period of one year from the date of signature for the ESG Homeless Prevention/Rapid Re-Housing/Emergency Shelter, CSBG, TANF, or PATH program(s) and Salvation Army.

Participant Signature

Date

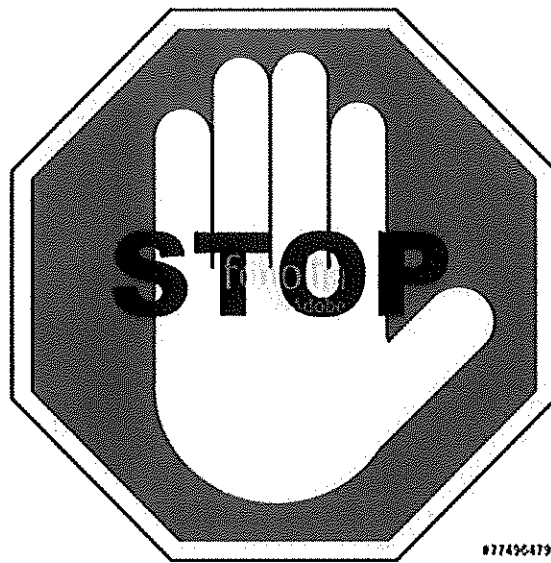
Participant Signature (other adult in household)

Date

SFRC/PATH Case Manager Signature

Date

STOP!!



DO NOT WRITE BEYOND THIS PAGE. REMAINING PAPERWORK TO BE DONE DURING APPOINTMENT WITH SFRC STAFF.

Additional questions for client at interview time to be completed by SFRC Staff:

HUD Definition of Homelessness:

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation.
- (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Fleeing/Attempting to Flee Domestic Violence:

Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

Answer for All Adults:

Does the client meet the HUD Homeless definition for emergency shelter services? ☐ Yes ☐ No

If NO: client is not eligible for emergency shelter services

If Yes, and HAS connections to Wyoming which situation applies:

- ☐ Attended local high school ☐ Full-time employment ☐ Have family connections in the community
- ☐ Legal/Warrants ☐ Medical Services ☐ Military ☐ School ☐ Year-round resident of Wyoming
- ☐ Other: _____

If Yes, but IS NOT connected to Wyoming which situation applies:

- ☐ Looking for permanent employment ☐ Passing through the state ☐ Seasonal ☐ Other: _____

For clients ages 18 – 24 ask the following:

Have you ever been in Foster Care or a Group Home in Wyoming? ☐ Yes ☐ No

If Yes, when you left foster care/group home in the past 5 years, did anyone help you get housing? ☐ Yes ☐ No

Zip Code of residence: _____

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Do you: ☐ Rent ☐ Own ☐ Stay with family/friends or you are ☐ Homeless

Please check the **type of housing** in which client lives: Apartment building ☐ Duplex/ fourplex ☐

Mobile Home ☐ Single family house ☐ Room or apartment in a house ☐ Travel trailer/5th wheel, etc. ☐
Homeless ☐

How secure is your housing situation?

- ☐ I am not at any risk of losing my housing
- ☐ I am at risk of losing my housing, but not within the next month
- ☐ I am at risk of losing my housing within the next month
- ☐ I have an eviction notice or have been asked to leave
- ☐ I am already homeless

Residence Prior to Project Entry:

Literally Homeless:

- ☐ Place not meant for habitation
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Safe Haven
- ☐ Interim Housing (client has been accepted to PSH but is residing in an interim housing option until moving into PSH)

Institutional Setting:

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

Did you stay less than 90 days? ☐ Yes ☐ No

If yes, on the night before did you stay on the streets, ES or SH? ☐ Yes ☐ No

SWEETWATER FAMILY RESOURCE CENTER

Transitional and Permanent Housing Situation:

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent housing for formerly homeless persons
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Transitional housing for homeless persons (including homeless youth)

Did you stay less than 7 nights? ☐ Yes ☐ No

If yes, on the night before (applying to SFRC) did you stay on the streets, ES or SH? ☐ Yes ☐ No

Length of Stay:

- ☐ One night or less ☐ Two to six nights ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days ☐ 90 days or more but less than a year ☐ One year or longer
- ☐ Client doesn't know ☐ Client refused

Answer the following if client was homeless prior to project entry:

Chronic Homeless Information:

Approximate date homelessness started: ____/____/____

Regardless of where they stayed last night:

Number of times the client has been on the streets, in ES, or SH in the past 3 years including today:

- ☐ One time ☐ Two times ☐ Three times ☐ Four or more ☐ Client doesn't know ☐ Client refused

Total number of months homeless on the street, in ES or SH in the past 3 years:

- ☐ 1 month (this is the first time) ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months
- ☐ 7 months ☐ 8 months ☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 or more months
- ☐ Client doesn't know ☐ Client refused

**SWEETWATER FAMILY RESOURCE CENTER
HOUSING STABILIZATION CASE PLAN**

(To be completed by SFRC staff)

Name(s): _____

Date: _____

Factors that threaten housing stability:

Strengths and resources:

Objectives/Goals:

Strategies:

Referrals:

Signature(s): _____
Applicant Spouse or Other Adult

Reviewed by: _____

Wyoming Homeless Collaborative (WHC)

WHC COORDINATED ENTRY RELEASE OF INFORMATION.
COMPLETE FOR ALL ADULT(S) AND FAMILY MEMBERS
PARTICIPATING IN HMIS AND/OR COORDINATED ENTRY
AND RETAIN FOR PROVIDER RECORDS

What is WHC Coordinated Entry? How will my information be used?

WHC Coordinated Entry is a collaboration through which participating agencies collectively measure and plan for the needs of individuals and families experiencing homelessness in Wyoming. With your permission, you will be assessed by a staff person or volunteer for an agency that participates in WHC Coordinated Entry. The results of your assessment will be entered into a database called the Homeless Management Information System (HMIS). You have the right to decline to participate. If you opt to participate, your assessment results will be provided to the Coordinated Entry Team—a multidisciplinary team that facilitates referrals to several housing projects. If a project opening is identified for which you are potentially eligible to be prioritized, attempts will be made to reach you at the contact information you provide so that you can undergo project-level assessment.

Homeless Prevention Services: Assessment for homeless prevention services may or may not be assessed through the coordinated entry process.

What agencies currently participate in some aspect of WHC Coordinated Entry?

Campbell County YES Transition in Place (TLP)	COMEA Shelter	Community Action of Laramie County
Community Action Partnership of Natrona County	Community Connections	Council of Community Services
Fremont Good Samaritan Rescue Mission	Recover Wyoming	Seton House
Sweetwater Family Resource Center	Teton County Good Samaritan Rescue Mission	
United Way 211	Volunteers of America – Northern Rockies	
Veterans Administration – Cheyenne	Wyoming Rescue Mission	

How do I opt to release (or not release) my information for purposes of WHC Coordinated Entry?

Please complete the following.

Check the box that applies:

- ☐ Yes, I release my information to participate in WHC Coordinated Entry as it has been described to me.
- ☐ No, I do not release my information to participate in WHC Coordinated Entry as it has been described to me.

Print your full name:	Print your date of birth:
Print your full name:	Print your date of birth:
Sign to certify the designation you have made:	Print today's date:
Sign to certify the designation you have made:	Print today's date:

Agency staff, complete the following.

Sign to indicate you witnessed review of this information and completion of the preceding section:	Print today's date:
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Wyoming Homeless Collaborative (WHC)

Consumers Informed Consent & Sharing of Information Authorization

I _____ and _____ understand information about me and/or my dependents listed below is entered into a database system called ServicePoint. This system helps to better understand homelessness, to improve service delivery and to evaluate the effectiveness of services provided. Participation in data collection is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected is protected by limiting access to the database and limiting what information may be shared. Access to the data and sharing of the data is in compliance with the standards set by the federal, state and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the system has signed an agreement to maintain the security and confidentiality of the information.

List all Dependent Children under 18 in the household, if any:

First and Last Name	Date of Birth	First and Last Name	Date of Birth

By signing this form, I authorize the following:

The information collected by this agency will be included in ServicePoint and only partner agencies, which have entered into an HMIS Agency Participation Agreement at which I have obtained or sought out services, may use my information to:

- Produce a client profile at intake that will be shared with collaborating agencies
- Produce aggregate level reports regarding use of services
- Track individual program-level outcomes
- Identify unfilled service needs and plan for enhancements
- Allocate resources among agencies engaged in services

By signing this form, I authorize the following:

I authorize the partner agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for assessing my/our needs for housing and other services.

_____ I give permission for the following Personal Protected Information (PPI) to be shared in HMIS for any service Project.

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity and Race
- Client Location
- Veteran Status
- Photo (if applicable)

_____ I do not give permission for the following Personal Protected Information (PPI) to be shared in HMIS for any service Project.

Wyoming Homeless Collaborative (WHC)

Consumers Informed Consent & Sharing of Information Authorization

_____ I give permission for the following information to be shared in HMIS for any service Project.

- Homeless History
- Family Composition
- Income/Non-cash
- Domestic Violence
- Entry/Exit Information
- Disabling Condition
- Housing Information
- Health Insurance Status
- Measurement Score (VI-SPDAT)

_____ I do not give permission for the following information to be shared in HMIS for any service Project.

I Understand That:

The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS partner agencies.

- ✓ Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- ✓ The release of my information does not guarantee that I will receive assistance; my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- ✓ My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- ✓ This authorization will remain in effect until I revoke it in writing, and I may revoke authorization at any time, if I revoke my authorization, all information about me already in the database will remain.
- ✓ This release will remain in effect for 1 year from date this ROI is signed.
- ✓ Auditors or funders who have legal rights to review the work of this agency may see my information in HMIS related to the services I received and funded by their Department/s.

Client Signature

Date

Client Signature

Date

Agency Staff Name (print)

Date

Agency Staff Signature

ESG Housing Options and Resources Eligibility

"But For" Certification

Applicant Name: _____

This document is to certify that the above-named applicant or household has explored all re-housing options and all available resources. The case manager also certifies that a comprehensive assessment was completed and that the findings are such that the above-named applicant or household would become or remain homeless but for ESG Homelessness Prevention or RRH assistance. (See attached assessment)

Client Certification

Under penalty of perjury I, _____ affirm the following statements to be true.

- a. I affirm that I have explored all housing options, (family, friends, public housing, and private housing), and that I have not been able to secure housing.
- b. I affirm that I have accurately reported my family composition and total family income.
- c. I affirm that my household lacks the financial resources and support networks needed to obtain immediate housing (i.e. start-up costs, etc.).
- d. I affirm that I am not receiving financial assistance for the same reason that I am applying for ESG funds.
- e. I affirm that I would become or remain homeless but for ESG assistance.

Applicant's Signature

Date

Case Manager Certification

Under penalty of perjury I, _____ affirm the following statements to be true.

- a. Upon completion of assessment, I affirm that I discussed housing options with the above-named applicant, and that the applicant has stated that they have explored all housing options and have not been successful with securing housing.
- b. Upon completion of assessment, I affirm that the above-named applicant/household lacks the financial resources and support networks needed to obtain immediate housing.
- c. I certify that I have completed a thorough assessment, including alternative housing options, income and asset verifications and homeless verifications, and believe that the above-named applicant or household would become or remain homeless but for the ESG assistance.

Case Manager's Signature

Date

HOMELESS CERTIFICATION

This document is to certify the individual or household named below is currently homeless based on the category checked and required documentation.

ESG Client/Household Name: _____ Date: _____

CHRONICALLY HOMELESS CERTIFICATION

CHRONICALLY HOMELESS: Eligible for Rapid Re-housing assistance.

Individual or family:

☐ Is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been homeless and residing in such a place for at least 12 months *or* on at least four separate occasions in the last three (3) years where the combined occasions must total at least 12 months; and

(ii) Has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

NOTE:

- Transitional Housing does not qualify an individual/family for chronic status.
- Veterans receiving Supportive Services for Veteran Families (SSVF) or other grant per-diem programs offered by the Veterans Administration do maintain their Chronic Status.
- ESG Rapid Re-housing is not considered transitional housing.
- Institution stays of less than 90 days do not constitute a break and can be included in the time calculation as long as the individual/family were on the streets, in emergency shelter, or safe haven when they began.
- Stays in "housed" environments that are less than seven (7) consecutive nights do not constitute a break in homelessness.

- A BREAK in homelessness is defined as a stay in housing that lasts at least seven (7) consecutive nights; therefore, a client must have at least four (4) separate occasions to qualify under this option.

The following documentation must be provided to certify individual living in a place not meant for human habitation, a safe haven or an emergency shelter:

Option 1:

- ☐ An HMIS record or record from a comparable database. If not documented in HMIS for 12 months proceed to Option 2.

Option 2:

- ☐ A written observation by an outreach worker of the conditions where the individual was living *or*
- ☐ A written referral by another housing or service provider where the individual was living.

Note: One encounter per month, documented breaks in HMIS (stayed with relative for night etc. counts as homeless) is acceptable documentation. Must be documented in client file.

Option 3: For use *only* in remote areas if no third-party certification is available; self-certification cannot be used for more than 25% of households per operating year/agency.

- ☐ Self-certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps that were taken to obtain evidence in Steps 1 and 2.

To certify head of household disability, the following documentation must be provided:

- ☐ Verification of disability

Intake Staff Signature: _____ Date: _____