



**California Indian Manpower Consortium, Inc.
Community Services Block Grant Program**

738 North Market Boulevard
Sacramento, CA 95834

1- (916) 564-4053 (800) 432-2724
Fax – 1-(916) 564-2345
TTY – 1-(800) 748-5259
Email – CSBG@cimcinc.com

CSBG APPLICATION

The CIMC CSBG Program provides assistance and budget management education to eligible low-income Native American families that live off-reservation in select counties in California.

Types of Assistance

<p>Housing Assistance May reapply every 24 months</p>	<p>Utility Assistance May reapply every 12 months</p>	<p>Nutrition Assistance May reapply every 3 months</p>	<p>Supportive Services May reapply every 12 months</p>
<p>Will not be provided if you willfully failed to pay your rent, or if your household income is not enough to pay future month's rent.</p>	<p>Will not be provided if you willfully failed to pay your utility bill(s), or if you received assistance from another agency in the last 6 months.</p>	<p>**Will not be provided if you did not return your receipts and gift cards from your last food assistance, or purchase non-allowable food items.</p>	<p>Will not be provided for non-core curriculum classes.</p>

- Prevent eviction
- Relocation (one time only)

- Prevent disconnection
- Restore service
- Deposit
- Wood, propane, kerosene

- Employment
- Vocational Training
- Education

STEP 1:

Submit (by mail, email, or fax)

- Application and Money Management (mail original Application and Money Management so that original signature is on file)
- Indian certification
- Proof of residence/physical address
- All household income, including Cal-Fresh if applicable, for the past six months
- Additional Documents (as needed)
 - a. Intent-to-rent form (if applying for relocation assistance)
 - b. Pay-or-quit notice (if applying for eviction prevention assistance)
 - c. Disconnection notice (if applying for utility disconnection prevention assistance)
 - d. 12-month payment history from utility company
 - e. Background information for employment, vocational training, or education

STEP 2:

Call 1- 916-564-4053 or 1-800-432-2724 to confirm that we received your application and supporting documents.

STEP 3:

Receive eligibility decision. If you are eligible for CSBG services, we will let you know what services will be provided based on justification.

- ✓ **Submission of an application does not guarantee that services will be provided.**
- ✓ **Documents are reviewed to verify information. Receipts may be requested.**
- ✓ **CSBG services may be denied if information provided is false, misleading, or withheld.**

RELEASE OF INFORMATION AUTHORIZATION:

I certify by signing this sheet that I have read and understand the above information and hereby give the CIMC CSBG Program authorization to obtain any and all required information in order to complete my application process for assistance.

Applicant Name _____ County _____

Applicant Signature _____ Date _____

CIMC CSBG Application & Release of Information Authorization – 2018

NAME				BIRTHDATE (MONTH/DAY/YEAR)		
RESIDENCE/STREET ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()	EMAIL ADDRESS
MAILING ADDRESS/ PO BOX		CITY	STATE	ZIP CODE	COUNTY	
M <input type="checkbox"/>	NATIVE AMERICAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		RESERVATION RESIDENT? <input type="checkbox"/> Y <input type="checkbox"/> N		CHECK ALL THAT APPLY: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
F <input type="checkbox"/>	TRIBE:		RESERVATION:		<input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> TWO-PARENT HOUSEHOLD	
<input type="checkbox"/> DISABLED <input type="checkbox"/> VETERAN <input type="checkbox"/> OTHER FAMILY TYPE						
INDIAN CERTIFICATION: <input type="checkbox"/> BIA-ROLL # _____						
<input type="checkbox"/> TRIBAL - ROLL # _____ <input type="checkbox"/> BIRTH CERTIFICATE _____ <input type="checkbox"/> OTHER _____						
HIGHEST GRADE COMPLETED _____ ARE YOU A STUDENT NOW? <input type="checkbox"/> Y <input type="checkbox"/> N DO YOU HAVE A: <input type="checkbox"/> HS DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE						
MONTHLY EXPENSES: (PLEASE COMPLETE FOR THE PAST MONTH'S EXPENSES) (CIMC USE ONLY: TOTAL \$ _____)						
RENT/ MORTGAGE: \$ _____ ELECTRICITY: \$ _____ HEATING/GAS: \$ _____ GROCERIES: \$ _____						
OTHER: _____						
HOUSEHOLD INCOME: LIST ALL FAMILY HOUSEHOLD INCOME.						CIMC USE ONLY
<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SOURCE OF INCOME</u>	<u>GROSS MONTHLY INCOME</u>	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
				SUB TOTAL _____		
				TOTAL _____		
TANF CASE NO. _____ SSA/SSI CLAIM NO. _____				FAMILY SIZE	GROSS INCOME 6 MONTHS	
EMPLOYED? <input type="checkbox"/> Y <input type="checkbox"/> N IF NO, LAST DAY WORKED: _____				1	\$ 6,070	
IF YES, HOURLY WAGE: _____ HOURS YOU WORK PER WEEK: _____				2	\$ 8,230	
DO YOU RECEIVE FOOD STAMPS/COMMODITIES/WIC? <input type="checkbox"/> Y <input type="checkbox"/> N				3	\$ 10,390	
MONTHLY AMOUNT: _____ DATE RECEIVED: _____				4	\$ 12,550	
DO YOU HAVE MEDICAL/HEALTH INSURANCE? <input type="checkbox"/> Y <input type="checkbox"/> N				5	\$ 14,710	
				6	\$ 16,870	
				7	\$ 19,030	
				8	\$ 21,190	
				9+	ADD \$ 4,320 PER FAMILY MEMBER	
ARE YOU RELATED TO ANYONE WORKING FOR CIMC OR TO ANY MEMBER OF CIMC'S BOARD OF DIRECTORS? <input type="checkbox"/> Y <input type="checkbox"/> N						
IF YES, STATE NAME AND RELATIONSHIP:						
HAVE YOU APPLIED FOR ASSISTANCE THROUGH THE CIMC COMMUNITY SERVICES BLOCK GRANT PROGRAM BEFORE? <input type="checkbox"/> Y <input type="checkbox"/> N						
IF YES, LIST COUNTY AND ASSISTANCE:						

Client needs BME

