



## Oregon Coast Community Action ~ Essential Services Department

### **FAILURE TO RETURN DOCUMENTS LISTED BELOW WILL RESULT IN DENIAL OF SERVICES**

- Application
  - Filled out completely and Signed
- Social Security Cards for all members of your household
  - A DHS print out or a tax return can be used in place of SS card
- Photo ID for all adults in your household
  - 2 bills w/name and address can be used in place of photo ID
- 90 days proof of Income
  - TANF/SNAP print out (4 page print-out obtained from DHS)
  - Pay Stubs (Full 90 days are required or appointment will be rescheduled)
  - SSA or SSI Award letter (for current year), or 1099  
(Print Out can be obtained from the Social Security Office. Failure to bring this documentation will result in the rescheduling of your appointment.)
  - Child Support payment history print out (Instructions on page 2)
  - Payment printout for Unemployment benefits (Instructions on page 2)
  - Bank Statements are only acceptable for out of state child support/private pension
- For Applicants claiming zero income a DHS Food Stamp print out will be required.
- Applicants claiming zero income must be present and fill out zero income form
- Rental Agreement and/or eviction notice (when applicable)
- Most recent Power Bill (Central Lincoln clients will need a 90 day payment history print-out obtained from Central Lincoln office. Can be faxed to 541-435-7101.)

Your appointment is scheduled for:      Date:\_\_\_\_\_      Time:\_\_\_\_\_

### **VETERANS MUST PROVIDE DD-214 TO RECEIVE SSVF BENEFITS**

**If you need to Reschedule or Cancel your Appointment,  
Please call (541)435-7080 as soon as possible.**

**If you fail to reschedule or cancel your appointment, you will be considered a NO SHOW!  
Two NO SHOW appointments will make you ineligible for 90 days.**

**Once your paperwork is received and processed, you will be contacted by phone or  
letter to advise you of the outcome.**

## **Instructions for obtaining proof of Unemployment & Child Support Online**

### **Unemployment Benefits:**

We must verify the date and the amount of all unemployment benefit payments received by members of your household. Proof of unemployment benefits can be obtained online. To do this you will need your Social Security Number and the PIN number provided to you by the Employment Department. To get proof of your unemployment payments from the Internet, follow these instructions:

Go to: [www.employment.oregon.gov](http://www.employment.oregon.gov)

Click on: Unemployment (on the left side of the screen) then,

Click on: Online Claims System (also, on the left side of the screen) then,

Click on: View Status of Weekly Report

Enter: Social Security Number & Pin Number, then

Click on: Where's My Check?

This screen will show the history of your unemployment payments. ***PRINT THIS PAGE***

### **Child Support:**

For proof of child support payments that are processed through the court system, it is best to access your payment history online. To do this you will need your Social Security number and your Child Support Case Number. If you do not know your case number, call the Child Support Hotline at 1-800-850-0228 where a representative can give you your number. To get proof of your Child Support Payments from the Internet, follow these instructions:

Go to: [www.dcs.state.or.us](http://www.dcs.state.or.us)

Click on: Case Information

Click on: Payment Information

Enter: Case Number & Social Security Number

This screen will show the history of your Child Support Payments. ***PRINT THIS PAGE***



# Essential Services Self-Assessment Form

What type of assistance are you seeking today?

- ☐ Energy ☐ Weatherization ☐ Housing  
☐ Medical ☐ Dental ☐ Prescriptions  
☐ Head Start ☐ Food

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ # In Household: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Please provide names of all household members as they appear on their Social Security Cards

<b>1. Name</b>  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	<b>Relation</b>  Self	<b>Social Security Number:</b>	<b>Highest Grade Completed</b>
	<b>Birth Date</b>	<b>Type of Health Insurance?</b>	<b>Race</b>
<b>INCOME: Check all that apply for each individual</b> <input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security/SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Zero Income <input type="checkbox"/> Seasonal/Migrant Farm worker <input type="checkbox"/> Self-Employment <input type="checkbox"/> TANF <input type="checkbox"/> Other _____			<b>Income</b> \$
<b>2. Name</b>  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	<b>Relation</b>  	<b>Social Security Number:</b>	<b>Highest Grade Completed</b>
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<b>3. Name</b>  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	<b>Relation</b>  	<b>Social Security Number:</b>	<b>Highest Grade Completed</b>
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<b>4. Name</b>  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	<b>Relation</b>  	<b>Social Security Number:</b>	<b>Highest Grade Completed</b>
	<b>Birth Date</b>	<b>Type of Health Insurance?</b>	<b>Race</b>
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5. Name  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	Relation	Social Security Number:	Highest Grade Completed
	Birth Date	Type of Health Insurance?	Race
<b>INCOME: Check all that apply for each individual</b> <input type="checkbox"/> Wages <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security/SSI <input type="checkbox"/> VA Benefits <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Zero Income <input type="checkbox"/> Seasonal/Migrant Farm worker <input type="checkbox"/> Self-Employment <input type="checkbox"/> TANF <input type="checkbox"/> Other _____			Income \$

  

6. Name  <i>Disabled</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, type:</i> _____ <i>Homebound</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Veteran</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Gender:</i> _____	Relation	Social Security Number:	Highest Grade Completed
	Birth Date	Type of Health Insurance?	Race
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\*\*Please request additional Family Information sheet for households with more than 5 members \*\*

## Monthly Income & Expenses

Please fill out this section completely. If an item does not apply, put a dash in the space.

**Net Household Income**     \$ \_\_\_\_\_  
☐ Food Stamps ☐ WIC  
**Amount of Food Stamps**     \$ \_\_\_\_\_

### Expenses (Insert a dash if not applicable)

Rent / Mortgage ..... \$ \_\_\_\_\_  
 Electric Bill ..... \$ \_\_\_\_\_  
 Oil/ Natural Gas/ Propane... \$ \_\_\_\_\_  
 Water / Sewer ..... \$ \_\_\_\_\_  
 Garbage Collection ..... \$ \_\_\_\_\_  
 Phone ..... \$ \_\_\_\_\_  
 Internet Charges ..... \$ \_\_\_\_\_  
 Cable/Satellite..... \$ \_\_\_\_\_  
 Gasoline / Oil ..... \$ \_\_\_\_\_  
 Car Care Expenses ..... \$ \_\_\_\_\_  
 Food Expenses  
     (Not food stamps) ... \$ \_\_\_\_\_  
 Vehicle Insurance ..... \$ \_\_\_\_\_  
 Medical Insurance..... \$ \_\_\_\_\_

**Do you have a garnishment?** ☐Yes ☐No  
**Garnishment Amount** \$ \_\_\_\_\_

### Are utilities included in your rent? ☐Yes ☐No

Day Care..... \$ \_\_\_\_\_  
     ☐ Child Care Assistance  
 Medications..... \$ \_\_\_\_\_  
 Laundromat..... \$ \_\_\_\_\_  
 Entertainment ..... \$ \_\_\_\_\_  
 Household Goods/Pets ..... \$ \_\_\_\_\_  
 Tobacco Products ..... \$ \_\_\_\_\_  
 Alcohol ..... \$ \_\_\_\_\_  
 Savings..... \$ \_\_\_\_\_  
 Vehicle Loan Payment ..... \$ \_\_\_\_\_  
 Personal Loan Payment..... \$ \_\_\_\_\_  
 Credit Card Payment ..... \$ \_\_\_\_\_  
 Other \_\_\_\_\_ ..... \$ \_\_\_\_\_  
 Other \_\_\_\_\_ ..... \$ \_\_\_\_\_

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## Housing

If you are homeless are you staying at any of the following?

☐ Car/Outside ☐ T.H.E. House ☐ Gospel Mission ☐ Women's Safety ☐ With friends or family

If you are not homeless which of the following represents your living situation?

☐ Own a Home, Renting: ☐ House ☐ Manufactured Home ☐ Apartment (2-4 Units) ☐ Apartment(4+ Units)  
☐ Mobile Home ☐ Travel Trailer

**Do you have Sec 8, HUD, Housing Assistance or live in Low Income Housing? ☐ Yes ☐ No**

*If yes please explain* \_\_\_\_\_

- How long have you lived at your present address? \_\_\_\_\_
- Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Your rent payment history: ☐ Poor ☐ Fair ☐ Good • Credit rating: ☐ Poor ☐ Fair ☐ Good
- **Do you have an eviction notice?** ☐ Yes ☐ No
- **If yes, please answer the following:** ☐ 72-hour notice ☐ 30-day notice
- **Have you spoken to your landlord?** ☐ Yes ☐ No
- **Are you able to make any payment?** ☐ Yes ☐ No • **If yes, how much?** \$ \_\_\_\_\_

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## Energy Assistance

I would like help with my: ☐ Electric ☐ Natural Gas ☐ Oil ☐ Propane ☐ Wood ☐ Pellets ☐ Solar ☐ Other

- Have you received energy services since October? ☐ Yes ☐ No
- What is the name of your utility company? \_\_\_\_\_
- Do you have a shutoff or final notice? ☐ Yes ☐ No • If yes, please answer the following:
- Have you spoken to your utility company about this shutoff? ☐ Yes ☐ No
- What is the shutoff date? \_\_\_\_\_ • How much can you pay to stop this shutoff? \_\_\_\_\_
- When did you last make a payment on your bill? \_\_\_\_\_
- Are you on a time-payment plan? ☐ Yes ☐ No
- Are you interested in receiving free Weatherization services? ☐ Yes ☐ No

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## Additional Information

*The following information will enable us to effectively serve you:*

- Has drug, alcohol abuse, or gambling affected your household? ☐ Yes ☐ No
  - Are one or more of these still a factor in your life? ☐ Yes ☐ No
- Has domestic violence impacted your life? ☐ Yes ☐ No
  - Is it still a factor in your life? ☐ Yes ☐ No
- Has anyone in your household been arrested or convicted of a crime in the past 5 years?  
☐ Yes ☐ No

*What are the three most important concerns in your life?*

• \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_

Which community resources are you contacting for support with these issues?

☐ None ☐ Family ☐ Friends ☐ Church ☐ Social Service Agencies ☐ Other \_\_\_\_\_

☐ I am an employee, or friend or family member of an employee of ORCCA

***\*\*Certification and Authorization for Release of Information\*\****

I/we authorize Oregon Coast Community Action (ORCCA) and Oregon Housing and Community Services to obtain information from any and all federal, state, county or city agencies, employers, landlords (past, present and prospective) and utility providers, and all entities listed below as necessary to verify statements given in this application. I/we understand that any knowing or unknowing failure to provide accurate income or household information may result in denial of service. I/we understand that completion of this application is not a guarantee of benefit and that the decision to assist is based on (but not limited to): need, order of application, previous assistance, income qualification and available funding.

**Note:** This Release of Information will expire 1 year from date of signature, unless otherwise documented.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Social Services**

Department of Health & Human Services  
Child Welfare Services  
Oregon Coast Community Action  
WIC (Women, Infants and Children)  
Senior and People w/ Disabilities  
Coos Elderly Services  
OHCS (Oregon Housing and Community Services)  
OPUS Data Systems  
NW Social Service Connections (aka: Service Point  
CMIS/HMIS)

**Drug & Alcohol Treatment**

ADAPT  
Serenity Lane  
Bay Area First Step  
Coos/Curry Co. Oxford Houses

**Schools**

Alternative Youth Activities (AYA)  
Coos and Curry County School Districts  
South Coast Education Service District  
South Coast Head Start  
Southwestern Oregon Community College

**Mental Health**

Center for Holistic Therapy  
Coos Health and Wellness  
The Coastal Center  
Nancy Devereux Center  
Coos Crisis Resolution Center  
SHAMA House  
Star of Hope

**Child Care**

Child Care Resource and Referral  
Newmark Family Center

**Corrections**

Coos County Community Corrections  
Coos County Juvenile Department  
Correction Treatment Center  
Oregon Department of Corrections  
Oregon Department of Justice

**Housing**

North Bend/Coos/Curry Housing Authority  
All Property management companies in Coos  
and Curry counties  
Previous/Current/Potential Landlords  
Mortgage Holder(s)  
Any transitional/temporary housing

**Employment**

Employment Department  
Vocational Rehabilitation Department  
South Coast Business Employment Corp.  
All Previous/Current/Potential Employers

**Utilities-Heating Vendors**

Farr's True Value  
Amerigas  
Ferrellgas  
Hodge Distributors  
Coos-Curry Electric  
Pacific Power  
Tyree Oil  
Goddard Energy  
Carson Davis  
Bassett-Hyland  
City of Bandon  
Central Lincoln PUD  
Northwest Natural Gas  
Knutson's Carpet Hut  
Slice Recovery  
All Previous/Current/Potential utility vendors

**Other**

Southern Oregon Veterans Outreach (SOVO)  
Coos Health and Wellness  
Coast Community Health Center  
Women's Safety and Resource Center  
Umpqua CDC/Umpqua Neighborworks  
Coquille Tribe  
Conferderated Tribe  
All Tribes affiliated with the household  
Salvation Army  
Pointman Ministries  
OR Law Center

**Other:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Please list any assets you own and their value below:

Vehicles (car, truck, RV, boat, ATV, motorcycles, trailer, etc): \_\_\_\_\_

Home/Land: \_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_

Checking Acct: \_\_\_\_\_

Savings Acct: \_\_\_\_\_

Other: \_\_\_\_\_

**\*\*Please explain your current situation and need.\*\***

Check one:

Deposit \_\_\_\_

Rental Assistance \_\_\_\_

Energy \_\_\_\_

Other \_\_\_\_

### ***Staff Notes And Referrals:***

☐ Identifications Verified   ☐ Social Security Numbers Verified

Family Type:   ☐SPF   ☐SPM   ☐2PH   ☐Single   ☐Adults No Children   • *Initials* \_\_\_\_\_

Person treated:

Dr./Clinic/Vendor:

Phone:

### ***Notes and Services Provided:***