

**PRINCE GEORGE'S COUNTY COC  
APPLICATION FOR CRISIS ASSISTANCE**

Application Date: \_\_\_\_\_ Intake worker: \_\_\_\_\_ Agency: \_\_\_\_\_

**APPLICANT INFORMATION**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Unsure

Are you a U.S. Citizen? ☐ Yes ☐ No Have you served in the military? ☐ Yes ☐ No

Are you a U.S. Military Veteran? ☐ Yes ☐ No Are you a domestic violence survivor? ☐ Yes ☐ No

Do you have a disability of long duration? (More than 30 days) ☐ Yes ☐ No

If yes, please indicate the type and duration of disability: \_\_\_\_\_

Do you have health insurance? ☐ Yes ☐ No If yes, who is the provider? \_\_\_\_\_

Do you need translation services? ☐ Yes ☐ No If so, in what language? \_\_\_\_\_

Marital Status (choose one): ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Highest level of education attained: \_\_\_\_\_

**EMERGENCY CONTACT (Relative or friend who we can reach in the case of an emergency)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

**HOUSEHOLD MEMBERS: (List all household members including applicant)**

Name	SSN	DOB	Gender	Race	Relationship to head of household	Veteran (Y/N)	U.S. Citizen (Y/N)

**LIVING SITUATION: (Write “C” for current or “P” for past in the box(es) that apply)**

	Emergency shelter, including hotel/motel paid with voucher	Renting with no housing subsidy	Subsidized housing
	Transitional housing for homeless persons	Owning home with no housing subsidy	Renting with VASH Voucher
	Permanent housing for formerly homeless	Living with family	Renting with housing subsidy
	Psychiatric Hospital/Facility	Living with friends	Owning home with no housing subsidy
	Substance Abuse Treatment Facility or Detox Center	Hotel/Motel without emergency shelter voucher	Jail/Prison/Juvenile Detention Center
	Hospital	Foster Care/Group Home	Other:

If homeless in the past, how many months were spent homeless? \_\_\_\_\_

Have there been multiple periods of homelessness? ☐ Yes ☐ No

Zip code of last permanent address: \_\_\_\_\_

**LENGTH OF STAY IN CURRENT PLACE**

<input type="checkbox"/> One week or less	<input type="checkbox"/> More than one week but less than one month	<input type="checkbox"/> One to three months
<input type="checkbox"/> More than 3 months but less than a year	<input type="checkbox"/> One year or longer	

**CURRENT HOUSING STATUS**

<input type="checkbox"/> Homeless	<input type="checkbox"/> At imminent risk of losing housing (eviction notice)
<input type="checkbox"/> Stably housed	<input type="checkbox"/> Housed and at risk of losing housing

## INCOME/BENEFITS

### EARNED:

Are you employed? ☐ Yes ☐ No

If yes, what is your place of employment? \_\_\_\_\_

What is your frequency of pay? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly Other: \_\_\_\_\_

Gross income per paycheck: \$ \_\_\_\_\_ Net income per paycheck: \$ \_\_\_\_\_

### UNEARNED:

Do you receive any unearned income? ☐ Yes ☐ No (check YES even the income for a child)

If yes, please indicate which type(s) by checking the box to the left of the corresponding type of income.

	Social Security Income (SSA)		Alimony		Temporary Disability Assistance Program (TDAP)
	Supplemental Security Income (SSI)		Pensions		Unemployment Insurance Benefits (UIB)
	Social Security Disability Income		Educational Stipends		Monetary Gifts and Loans
	Disability		Veteran's Pensions		Railroad Retirement Benefits
	Worker's Compensation		Veteran's Disability		Mine Worker's Benefits
	Child Support		Temporary Cash Assistance (TCA)		Other:

How often is the benefit issued? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly Other: \_\_\_\_\_

Gross income per check: \$ \_\_\_\_\_ Net income check: \$ \_\_\_\_\_

TOTAL INCOME (earned plus unearned): \$ \_\_\_\_\_

Additional household member 1

### EARNED:

Are you employed? ☐ Yes ☐ No

If yes, what is your place of employment? \_\_\_\_\_

What is your frequency of pay? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly Other: \_\_\_\_\_

Gross income per paycheck: \$ \_\_\_\_\_ Net income per paycheck: \$ \_\_\_\_\_

**UNEARNED:**

Do you receive any unearned income? ☐ Yes ☐ No (check YES even the income for a child)

If yes, please state type \_\_\_\_\_

How often is the benefit issued? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly Other: \_\_\_\_\_

Gross income per check: \$ \_\_\_\_\_ Net income check: \$ \_\_\_\_\_

TOTAL INCOME (earned plus unearned): \$ \_\_\_\_\_

**Additional household member 2**

**EARNED:**

Are you employed? ☐ Yes ☐ No

If yes, what is your place of employment? \_\_\_\_\_

What is your frequency of pay? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly Other: \_\_\_\_\_

Gross income per paycheck: \$ \_\_\_\_\_ Net income per paycheck: \$ \_\_\_\_\_

**UNEARNED:**

Do you receive any unearned income? ☐ Yes ☐ No (check YES even the income for a child)

If yes, please state type \_\_\_\_\_

How often is the benefit issued? ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly Other: \_\_\_\_\_

Gross income per check: \$ \_\_\_\_\_ Net income check: \$ \_\_\_\_\_

TOTAL INCOME (earned plus unearned): \$ \_\_\_\_\_

**Additional household member 3**

**EARNED:**

Are you employed? ☐ Yes ☐ No

If yes, what is your place of employment? \_\_\_\_\_

What is your frequency of pay?   ☐ Weekly   ☐ Bi-weekly   ☐ Semi-monthly   ☐ Monthly   Other: \_\_\_\_\_  
Gross income per paycheck: \$ \_\_\_\_\_      Net income per paycheck: \$ \_\_\_\_\_

**UNEARNED:**

Do you receive any unearned income?   ☐ Yes   ☐ No (check YES even the income for a child)

If yes, please state type \_\_\_\_\_

How often is the benefit issued?   ☐ Weekly   ☐ Bi-weekly   ☐ Semi-monthly   ☐ Monthly   Other: \_\_\_\_\_

Gross income per check: \$ \_\_\_\_\_      Net income check: \$ \_\_\_\_\_

TOTAL INCOME (earned plus unearned): \$ \_\_\_\_\_

**Additional household member 4**

**EARNED:**

Are you employed?   ☐ Yes   ☐ No

If yes, what is your place of employment? \_\_\_\_\_

What is your frequency of pay?   ☐ Weekly   ☐ Bi-weekly   ☐ Semi-monthly   ☐ Monthly   Other: \_\_\_\_\_

Gross income per paycheck: \$ \_\_\_\_\_      Net income per paycheck: \$ \_\_\_\_\_

**UNEARNED:**

Do you receive any unearned income?   ☐ Yes   ☐ No (check YES even the income for a child)

If yes, please state type \_\_\_\_\_

How often is the benefit issued?   ☐ Weekly   ☐ Bi-weekly   ☐ Semi-monthly   ☐ Monthly   Other: \_\_\_\_\_

Gross income per check: \$ \_\_\_\_\_      Net income check: \$ \_\_\_\_\_

TOTAL INCOME (earned plus unearned): \$ \_\_\_\_\_

Do you or any household members receive benefits from the Supplemental Nutrition Assistance Program (SNAP/Food Stamps)?

☐ Yes   ☐ No      If yes, what is the benefit amount? \$ \_\_\_\_\_

Have you applied for or received assistance from any of the following Prince Georges County Department of Social Services programs in the past year? Please check the corresponding box(es) for each program below.

<b>Program</b>	<b>Applied</b>	<b>Have not applied</b>	<b>Approved</b>	<b>Denied</b>	<b>Pending</b>	<b>Benefit amount (if applicable)</b>
Medical Assistance						
Child Care Voucher						
Crisis Assistance						
Emergency Assistance for Families with Children						
Burial Assistance						

I swear of affirm that I have read or had read to me this entire application. I also sear or affirm under penalty of perjury, that all information I have given is true, correct and complete to the best of my ability, knowledge, and belief. I also agree to participate in the follow up steps recommended.

Applicant's Signature

Co-Applicant's Signature

Date

Intake Worker's Signature

Date

**Official Use Only**

HMIS# \_\_\_\_\_

Type of assistance: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Number of months in arrears (if applicable): \_\_\_\_\_

Amount of assistance approved \$ \_\_\_\_\_

Funding sourced used: ☐ EFSP ☐ ETHS ☐ HPP ☐ ESG ☐ CDBG  
☐ HOME ☐ Success ☐ GDS ☐ VDS ☐ Lay fund: \_\_\_\_\_

Name of landlord or rental property management: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Referrals/Other Services Provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Caseworker's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Consent for Release of Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DSS Case Number: \_\_\_\_\_

I hereby authorize ALL SOURCES, to release the following information to the Department of Social Services:

- Financial Records (Assets, Loans, Accounts, Investments, etc.)
- Employment/Payroll Records (Dates, Wages, Withholdings, etc.)
- Benefit/Grant Records (Dates, Amounts, Beneficiaries, etc.)
- Rental, Mortgage and/or Utilities
- Medical records
- Other (Specify): \_\_\_\_\_

I swear or affirm that I have read (or had someone read me) this entire application. I also swear or affirm under penalty of perjury, that all information I have given is true, correct, and complete to the best of my ability. I authorize any person, partnership, corporation, association, or governmental agency which knows the facts about my eligibility to release information to the Department. I also authorize the Department to contact any person, partnership corporation, association, or governmental agency that has provided proof of my eligibility for benefits. I Certify, under penalty of perjury by signing my name below, that all persons for whom I am applying are either U.S. citizens or hold an immigration status eligible for benefits.

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

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



**Client Information Authorization**  
**Service Point Information System**  
**Prince George's County, Maryland**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ DSS \_\_\_\_\_ to exchange any information concerning my history, and/or that of my immediate family, care, treatment, household demographic, housing issues, income, assets or benefits between directors, agencies, and staff to the Service Point Information System listed herein. The purpose of this release is to protect my privacy, help staff make referrals and to help me or my family receive better planning and delivery of services.

I understand that the aforementioned information will be communicated to other agencies using this computer system in several ways. One of which will include communication through a computer-based online system. The highest level of security measures are taken to protect the online system. Only authorized personnel will be able to view my personal information.

I understand that the System Administrator, The Prince George's County Department of Social Services, and The Office of Housing and Homeless Service, has personnel authorized to view my personal information.

Basic demographic information and information about services offered is entered into the Service Point Client Profile. The information will be shared with all agencies that participate in the Service Point System in Prince George's County.

This release authorizes a free exchange of information between agencies for one year in order to give the most complete and thorough services available. I understand that I may revoke this authorization at anytime.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent, guardian, or authorized representative when required

\_\_\_\_\_  
Date

*I understand that my records are protected under federal regulations and cannot be disclosed without my written consent or as otherwise permitted by such regulations, and that in any event this consent expires one year from the date of entry or upon my departure from further service provider participation.*

**[CURRENT HMIS MEMBER LIST TO BE ATTACHED]**

## PRINCE GEORGE'S COUNTY

Aid of Humanity
Bethel House
Bowie Interfaith Pantry and Emergency Aid Fund
Bowman Internet Systems
Center for Therapeutic Concepts
Community Crisis Services
Community Ministry
Covenant House Washington
DCVET
Department of Corrections
Department of Family Services
Department of Housing and Community Development
Department of Human Resources/Community Services Administration/Office of Transitional Services
DCLR One Stop
Easter Seals
Family Crisis Center
Family Preservation
FES Oxon Hill
Friendship Place
Homeless Hotline
Housing Initiative Partnership
Jobs Have Priority
Kristin's Place
Laurel Advocacy & Referral Services
Maryland Department of Housing and Community Development (TBD)
Maryland Department of Juvenile Services - Metro Region
Maryland Mental Hygiene Administration
Maryland Multicultural Youth Center (MMYC) / Latin American Youth Center (LAYC)
MCVET
New Vision House of Hope
People Encouraging People (PEP)
Prince George's Community College
Prince George's County Department of Social Services
Prince George's County Economic Development Corporation
Prince George's County Health Department
Prince George's County Public Schools
Prince George's House
Prince George's Vet Center
Quality Care, Inc.
Rehabilitation Systems, Inc.
Salvation Army Rehab
Sasha Bruce Youthwork
Sexual Minority Youth Assistance League (SMYAL)
St. Ann's Infant and Maternity Home
The Believers Worship Center / See the Other Side Re-Entry Program
Transitional Housing Programs
U.S. Department of Veterans Affairs
United Communities Against Poverty (UCAP)
United Way of Central America (TBD)
US Army 310 ESC
VESTA Inc.
VA Benefits/Readjustment
VA Health Suite
VA Mobile Vet Center
VA Outreach
Veterans Forever Inc.
Volunteers of America Chesapeake (VOA)

## **Grievance Procedure**

Every applicant has the right to a fair hearing if he or she believes that program services have been incorrectly denied, reduced, suspended, or terminated.

If you believe services have been administered unfairly, denied, or terminated inappropriately by a worker, you may:

1. First speak with your caseworker to reconcile the grievance. If the grievance is not reconciled to your satisfaction, a written letter of grievance must be filed with the Program Manager.
2. If the issue is not resolved with the Program Manager, you may request an Appeal for Fair Hearing form and submit a completed written appeal within 30 days of the denial to the Community Services Assistant Director at the Prince George's County Department of Social services, 425 Brightseat Road, Landover, MD 20785.
3. The Prince George's County Department of Social Services will conduct an investigation and notify you in writing of the date and time of the hearing. The decision of the Assistant Director will be considered final.

The service provider will assist you in completing any forms upon request.

By signing below, I acknowledge that I understand the information presented above.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date