

## I-CARE, Inc.

### CARES NC (CARES ACT Relief) Program

#### ELIGIBILITY DETERMINATION FORM

Intake Number \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_  
First
Middle
Last
Jr/Sr/etc

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Home/Cell Number \_\_\_\_\_

*Confidentiality Statement: Information shared with the case management staff will be kept strictly confidential unless its release is authorized in writing. These forms will be maintained in locked files.*

#### Household Composition

Household Member	Relation To Head	DOB	Age	Social Security	Marital Status	Sex M/F	Edu level	Annual Income	Source
	<b>Head</b>			xxx-xx-					
				xxx-xx-					
				xxx-xx-					
				xxx-xx-					
				xxx-xx-					
				xxx-xx-					
				xxx-xx-					
				xxx-xx-					
TOTAL NUMBER IN FAMILY		<b>TOTAL ANNUAL FAMILY INCOME</b>						\$	<b>ELIGIBLE</b> Yes No
		<b>POVERTY GUIDELINE FOR FAMILY LEVEL</b>						\$	

#### Social Services

TANF, Food and Nutrition (Food Stamps), Work First  
 Public Housing/Section 8 Housing – HUD  
 Medicaid/Medicare

#### Yes/No

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

#### Amount Received

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

Other Social Services Received: \_\_\_\_\_

**Documents Provided To Verify Income (200% PGL)** \_\_\_\_\_

**CARES NC (CARES ACT Relief) Program** *Documentation may be requested*

1. How were you affected by the COVID-19 Health Pandemic? \_\_\_\_\_

2. Are you in need of emergency assistance due to the COVID-19 Health Pandemic? \_\_\_ Yes \_\_\_ No

If you checked yes, please explain: \_\_\_\_\_

3. What are the family needs or goals? \_\_\_\_\_

Are you interested in gaining employment? \_\_\_ Yes \_\_\_ No If yes, please list: \_\_\_\_\_

Are you interested in vocational training, i.e. CDL, CNA, Welding, Phlebotomy, etc.? \_\_\_ Yes \_\_\_ No

Family Resources

1. Does the family have reliable transportation? \_\_\_ Yes \_\_\_ No If yes, what type \_\_\_\_\_

2. Does the family own or rent housing? \_\_\_ Yes \_\_\_ No

3. Are you currently employed? \_\_\_ Yes \_\_\_ No

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I ALLOW RELEASE OF INFORMATION CONTAINED HEREIN FOR PURPOSES OF VERIFICATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWER'S SIGNATURE

\_\_\_\_\_  
DATE

FOR AGENCY USE ONLY

*The grant recipient must make a reasonable number of spot checks of family units to verify income given in the self-declaration statements. In making the spot checks, the grant recipient should contact appropriate sources, such as employer, local Department of Social Services, Social Security Administration, or other appropriate sources to obtain written documentation. This documentation (income verification form) should be attached to the self-declaration statement.*