



Central Oklahoma Community Action Agency

Administrative Offices 131 N Bell PO Box 486, Shawnee, OK 74802
 Norman – Stillwater – Shawnee – Guthrie – Seminole – Prague
www.cocaa.org 405-275-6060 Fax 405-214-4326

COCOA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status.

CAP# _____ FPL: _____ %

Today's Date	First Name	Last Name	Social Security #	Gender	Phone	County
				M F O		
No. in Household	Physical Address	City	State	Zip	Assistance Requesting?	
					Monthly Rent/Mortgage Amount:	\$ _____
Do you have a referral? <i>(circle one)</i>	Yes or No If yes, from whom?		Housing <i>(circle one)</i>	Rent Own Shelter Other (please specify)		
Race/Ethnicity	Are you Hispanic? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ American Indian/AN Tribe? _____ _____ AA/Black _____ White _____ Asian _____ Bi/multi-Racial _____ Hawaiian/PI _____ Other		Source of Income: (Indicate Amount)	Unemployment \$ _____ TANF \$ _____ Other \$ _____ Employment \$ _____ State Supplemental \$ _____ Pension \$ _____ SSI \$ _____ SNAP (Food Stamps) \$ _____ Social Security \$ _____ MONTHLY Child Support \$ _____ SSDI \$ _____ TOTAL \$ _____		

List ALL persons, including yourself, who are living with you at your present address (use back if needed)

Name	DOB	Race	US Citizen? Y/N If no, documented or undocumented?	Primary Language	Social Security #	Gender M/F/O	Highest Grade Completed	Disabled? Y/N	Marital Status	Relationship to YOU

Applicant Rights and Responsibilities: I understand that I have the right to a fair hearing of any action directly concerning this application. I certify that I have read completely this application, or that it has been read to me. **I further certify that all information contained herein is true.** I understand that this authorization does not relieve me from full responsibility for the information contained on this application. I also certify that a false statement or false representation made by me for the purpose of obtaining services makes me subject to prosecution under penalty of law. I also authorize Central Oklahoma Community Action Agency to make any and all inquiries to verify the answers I have given, such as release of information listed above to other agencies on my behalf for the purpose of verification in connection with any assistance that may be provided to me.

Applicant Signature: _____ **Date:** _____



Household member's name: _____

Please answer the following questions, circle the appropriate response.

1. Have you earned a High School diploma or GED? GED HSD
2. If yes, was this in Oklahoma? YES NO
3. Do you have access to reliable transportation? YES NO
4. Do you have a valid driver's license? YES NO
5. Do you have health coverage? YES NO
6. If yes, what type of coverage? PURCHASED BY YOU THROUGH YOUR EMPLOYER
MEDICAID MEDICARE IHS MILITARY STATE INSURANCE FOR ADULTS
STATE INSURANCE FOR CHILDREN OTHER _____
7. What is your military status? ACTIVE MILITARY VETERAN NEVER SERVED
8. Are you a farmer? YES NO
9. What is your work status? EMPLOYED FULL TIME EMPLOYED PART TIME
RETIRED UNEMPLOYED, LONG TERM(more than 6 months)
UNEMPLOYED, SHORT TERM(less than 6 months)
UNEMPLOYED, NOT IN THE WORK FORCE MIGRANT SEASONAL FARM WORKER
10. Please circle the following NON-cash benefits that are received in your household?
AFFORDABLE CARE ACT SUBSIDY CHILDCARE VOUCHER
HOUSING CHOICE VOUCHER(SECTION 8) HUD-VASH(VETERANS)
PERMANENT SUPPORTIVE HOUSING(DISABLED) PUBLIC HOUSING
COMMODITIES LIHEAP SNAP(FOODSTAMPS) WIC
OTHER(SPECIFY) _____
11. Are you currently a student? YES NO



**Central Oklahoma
Community Action Agency**

Serving Cleveland, Lincoln, Logan, Payne,
Pottawatomie and Seminole Counties

Authorization to Release Information

Administration
405.275.6060

Central Oklahoma
Transit
System (COTS)
405.273.3000

Rx for OK
1.800.256.5940

Community Resource
Development Offices

Cleveland
405.701.2170
405.434.6100

Lincoln
405.695.1630

Logan
405.466.8249

Payne
405.624.2533

Pottawatomie
405.275.6060

Seminole
405.382.1800

Volunteers
Impacting
People
(VIP)
405.275.7910

I, _____, have applied for assistance from Central Oklahoma Community Action Agency (COCAA). In order to determine my eligibility for assistance, I hereby authorize COCAA to verify any information contained in my application, and in other documents I provide in connection with the request for assistance.

I understand that my personal information and that of minor children in my household may be shared with third parties, including, but not limited to, other agencies, organizations, or individuals. Any information that is released or disclosed to a third party will be used for the sole purpose of coordinating resources and providing services to me and/or members of my household. COCAA respects the confidentiality of all personal information, and requires that any third party receiving personal information warrant the same with a statement of confidentiality. Any medical information that is released or disclosed will be protected in accordance with the HIPAA Privacy Rule.

This authorization is valid for one (1) year from the date signed. I may revoke this authorization at any time by providing written notice to COCAA, unless action has already been taken upon it. A copy of the authorization may be accepted as an original.

By signing below, I acknowledge that I have read and understood this authorization, or that it has been explained to me. I have freely and voluntarily given this consent.

Signature of Applicant

Date

Staff Use Only

I certify that the individual above has been given an opportunity to ask questions about the terms and conditions of this authorization. If they were unable to read the authorization, I further certify that I have read and explained it to them.

Signature of Staff Member

Date

CENTRAL OKLAHOMA COMMUNITY ACTION AGENCY (COCAA)

Please read the following service guidelines for COCAA FEMA/EFSP Program. Your signature will be required to verify that you have reviewed and understand these guidelines. In the interest of fairness and organized service, COCAA reserves the right to deny assistance if you are not eligible for services or if funding is not currently available. All assistance with COCAA will require that the bill be in the actual name of the person seeking assistance or a current member of the household. Household is defined as everyone living under the same roof/at the same address. All income for the household will be required to be fully disclosed.

1. COCAA emergency services eligibility requirements are as follows:
 - You must NOT have received rent or utility assistance in the last 24 months.
 - Clients must reside in the county where service is being requested
 - A new COCAA application for service including all required documentation must be completed at each visit.
 - Your household income must be at or below the 125% Federal Poverty Guideline
2. Identification requirements are as follows: Current photo ID, social security cards for every household member, verification of county residence and verification of all income.

Acceptable forms of ID are:

- State drivers license
- State issued photo ID
- Passport
- Military ID
- Tribal roll cards IF has photo on it – CDIB Cards (Certified Degree of Indian Blood)
*Any identification expired more than 30 days will not be accepted

Acceptable forms of Social Security number verification are:

- Actual or copy of SS cards
- SSA verification of application for replacement card containing SS#
- Other documents provided by the SSA
- DHS verification
- W-2 form dated within the last 12 months
- Medicare Card
- Military ID

Acceptable forms of residency verification are:

- Current utility bill (no cable or phone bills will be accepted)
- County property tax statement dated within the last 12 months
- Current DHS statement of benefits containing physical address
- Lease dated within the last 12 months

Acceptable forms of income verification are:

- Paystubs for last 30 days
- SS/SSI/SSD award letters for current year
- Current DHS statement of benefits
- W-2 forms for current year
- Bank statements issued within the last 30 days
- 3rd party verification/letter from employer
- *Under no circumstances will a handwritten note/letter be accepted

3. Not all COCAA offices provide rent and utility assistance. Funding expenditures are determined by the county FEMA/EFSP board. Please ask the COCAA staff member in your county for local FEMA/EFSP determinations. No security deposit assistance is allowed under FEMA/EFSP funding guidelines.
4. Rent/Mortgage assistance will be provided under only two circumstances:
 - 1) when rent is delinquent OR 2) when assistance is for the first month's rent.
For delinquent rent a late notice is required from your landlord, no handwritten late notices will be accepted. Rent agreement/lease is required for assistance. If assistance is required for first month's rent, a newly signed and dated lease will be required before funding will be released to landlord. Rent payment must guarantee you 30 days of service.
5. COCAA will require a current dated utility bill to assist you with gas, electric, water or propane. Utility assistance will be provided only when the utility is due within 5 days or is past due. COCAA will pay only up to one month in arrears. Utility payment must guarantee you 30 more days of service.

COCAA is a caring help agency. If you feel you have been unfairly denied services you have the right to appeal by filing a Customer Complaint form with COCAA administrators.

Applicant Signature: _____ Date: _____

Appeals/Grievance Procedures for Applicants

The Central Oklahoma Community Action Agency strictly adheres to the requirements of the Oklahoma Department of Commerce Applicant Appeals Procedures to ensure equal access to services and resources available under programs funded by ODOC.

- This notice of the Right to Appeal shall appear on all application forms used to determine applicant eligibility for any services or resources provided with funds received from ODOC.
- The Central Oklahoma Community Action Agency shall initiate the appeals procedure upon request by an applicant within 10 days of the request.
- After all local appeals procedures have been exhausted, an applicant may appeal the Central Oklahoma community Action Agency's decision to ODOC. In such cases, COCAA staff and appellant shall provide the Director of Client Services and if necessary, the Executive Director with all relevant documentation.
- The applicant appeals procedure shall guarantee that each person seeking services shall:
 - a. Have the right to file formal application for services or resources upon request
 - b. Be afforded an opportunity to have private and confidential interviews pertaining to the case.
 - c. Not be denied assistance on the basis of race, color, gender, creed, religion, age, political preference, sexual orientation or disability.
 - d. Receive timely approval or disapproval of application, and
 - e. Receive written notification of appeal and appeal procedures, including notices that:
 - I All aggrieved parties shall be afforded a reasonable opportunity for a fair hearing
 - II The applicant or the representative of the applicant shall have access to records relevant to the appeals process.
 - III The applicant shall have the right to a timely determination and prompt notification of the hearing decision