

Community Services Block Grant Self-Sufficiency Program



Mission Statement

To build self-sufficiency for under-resourced individuals and families through coaching, mentoring, and community partnerships.

Please return to Dawn Cheek, YVEDDI Community Services Director dcheek@yveddi.com
Mailing Address: P. O. Box 309• Boonville, NC 27011



Thank you for showing interest in YVEDDI's Community Service Block Grant (CSBG) Program. Please review the following information thoroughly before completing the Pre-Screening Evaluation Form.

The CSBG Program offers comprehensive case management to help eligible individuals and families understand and access community resources, enabling them to meet their needs and achieve self-sufficiency. Financial assistance may be provided when no other community funding options are available. Participants in good standing can remain in the program for up to two years.

After submitting a complete and accurate Pre-Screening Evaluation Form, processing may take two to three weeks. Forms that are incomplete will not be accepted and will be returned for completion, which could delay the acceptance process. Once your form has been processed, a success coach will contact you to collect additional information needed to determine program eligibility.

Program acceptance is not solely based on income. While income must fall below the federal poverty guideline for the household size, applicants must also demonstrate a willingness and ability to strive for full-time employment and actively work toward self-sufficiency by adhering to the goals outlined in their individualized action plan. It is expected that all family members contribute toward breaking the cycle of poverty. The CSBG Program provides extensive case management services and financial assistance by utilizing available resources as appropriate.

What types of services may the CSBG Program provide?

- Comprehensive Case Management
- Goal Setting
- Budgeting and financial coaching
- Financial Support, as deemed appropriate and as long as funding allows. All financial assistance is paid directly to the vendor. We must have a completed W-9 Form for all vendors. All financial assistance MUST be related to their goal achievement.
- Educational and Job Skill Enhancement Assistance and Supports
- Housing Assistance

What types of services does the CSBG Program NOT provide?

- The CSBG Program is not a supplemental financial resource.
- The CSBG Program will not provide financial assistance that is not related to achieving set goals.
- The CSBG Program will not provide financial assistance to participants who are not in good standing with program requirements.

Re-Entry into the Program

We understand that life is unpredictable and circumstances can change. Applicants who have been out of the CSBG Program for at least two years, and either graduated successfully or left in good standing, are eligible to reapply for acceptance into the program.

If you did not leave the CSBG Program in good standing, you may reapply after three years. You must outline how you intend to actively participate if granted reentry into the program. Failure to meet program requirements within the first six months—such as not working towards your individual action plan, not working at least part-time, or not pursuing an educational goal—may result in dismissal.

Items Needed for Application Process

- ✓ Check stubs from all jobs for all household members over the age of 18 for the past: **3 months**
*NOTE – You must provide verification for all monies received for the last 90 days
- ✓ Printout for all child support received or paid
- ✓ Printout of unemployment benefits received
- ✓ Printout from Social Services for Food Stamps and Medicaid benefits being received for all household members; you can also provide the award letter telling you, you have been approved
- ✓ Verification for any other monies coming into the household such as: Social Security, Disability, etc.
- ✓ Verification for Housing and/or Utility Subsidy coming into the household
- ✓ Driver's License for head of household and Social Security Cards for all household members



YVEDDI CSBG PROGRAM Pre-Screening Evaluation Form

OFFICE USE
 Received Mail/Email ___/___/___
 Received Walk-In ___/___/___
 Orientation Date ___/___/___
 Assigned Date ___/___/___ SC _____
 Acceptance Notification ___/___/___

Last Name	First Name	Middle Initial
Physical Address		
City/State/Zip		
Mailing Address (if different from the physical address)		
County		
Is this address <input type="checkbox"/> Temporary (friend, relative, shelter) <input type="checkbox"/> Permanent (Own, Rent)		
Telephone:		Cell: _____
Email Address:		
Presented Two Forms of ID (Specify type on the Check list)		
Do you	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Family <input type="checkbox"/> Live at a Shelter <input type="checkbox"/> Live with Friends <input type="checkbox"/> Other: _____	
Veteran Status		

Have you ever received service or been seen at YVEDDI CSBG for any reason? Yes No

Who referred you to the YVEDDI CSBG Program _____

Name of person assisting you in completing this form: _____ Agency _____

How can the CSBG Program assist you: _____

Goal 1: _____

Goal 2: _____

Goal 3: _____

Have you obtained a Career Readiness Certificate? Yes No Completion Date _____

Have you obtained any computer or job skill enchantment training? _____

Please check any of the following service in which you have an interest:

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Educational Training | <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Employment | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> DSS | <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Budgeting | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Career Planning | <input type="checkbox"/> Transportation | <input type="checkbox"/> Rental Assistance | |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Child Care | <input type="checkbox"/> Food | <input type="checkbox"/> Job Training | |
| <input type="checkbox"/> Other _____ | | | | |

List Individual Household Members

Household Member	Social Security Number	Birth Date	Age	Race	Male/ Female	Relationship to applicant	Highest Grade Completed	Marital Status
						Applicant		

Applicant Income: Please LIST all income and the source.

This includes employment, unemployment, child support, Work First, Social Security, etc.

Household Member	Income Source Or Employer Name	Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Does any family member in your home receive any of the following listed below:

Check	List	Comment	Amount
	Employment Income		\$
	Self-Employment		\$
	Unemployment		\$
	Social Security (SSA)		\$
	Social Security (SSI)		\$
	Section 8 Housing Vouchers		\$
	Utility Allowance		\$
	Grants/Scholarships/Financial Aid		\$
	Work First Benefits		\$
	Retirement/Pension		\$
	Child Care Vouchers		\$
	Child Support		\$
	Food Stamps		\$
	Medicaid/Medicare		\$
	Other _____		\$
Total Monthly Income:			\$

Do you have healthcare coverage? Yes Type _____ No

CERTIFICATION AND WAIVER OF PRIVACY RIGHTS

“The Privacy Act of 1974 establishes certain regulatory guidelines for the collection and dissemination of information contained as a record on individuals participating in public/private service programs. In order to fully comply with the Act, our agency is required by law to have your consent to obtain information, and to release information, that will enable us to better serve your needs.”

This consent is valid for two (2) years from the date of signature. However, you may revoke this consent at any time.

I, _____, do hereby give my permission to YVEDDI CSBG to obtain, verify, and utilize this information to process my application for services.

I certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I may have to provide documentation to support it.

I am aware that I may be denied assistance if I am found ineligible or if I do not meet the program requirements. I understand I have the right to appeal any denial of service or assistance for which I may be eligible. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance.

I hereby grant permission and authorize any employer and any public or private institution to share information regarding my past and/or present financial situation in order to determine whether or not I am eligible for services. I allow release of information contained herein for purposes of verification.

Right to Appeal

If you have been denied services and/or discharged from the Community Service Block Grant (CSBG) Program offered through Yadkin Valley Economic Development District, Inc. (YVEDDI), you have the right to request an appeal. A written request must be submitted to the Community Service Director within 10 working days of the denial/discharge notice. A verbal request may be substituted in instances of proven lack of access to resources enabling you to submit the request in writing. Within 7 days of receipt of the request for an appeal from the person denied services, a hearing will be held at which time the applicant shall be given an opportunity to present evidence as to why the denial/discharge should be overruled. Within 7 days of the hearing, the person will receive notification of the grant recipient’s decision as to whether or not the applicant is eligible for services and/or reinstatement into the program.

Applicant’s Signature

Date

Staff Signature

Date

Mail Request an Appeal to Dawn Cheek, YVEDDI Community Services Director
P. O. Box 309• Boonville, NC 27011
Ph.: (336) 367-3529

Code of Conduct

To foster an environment where applicants and program participants can strive for self-sufficiency and achieve success, adherence to the following Code of Conduct is essential.

Any violation of the code of conduct may result in automatic denial or immediate termination.

- Applicants, program participants, and their family members must avoid any threatening behavior that fosters a hostile environment. Prohibited actions include physical violence, sexual innuendos, emotional or psychological abuse, as well as using profanity or yelling at YVEDDI staff, program affiliates, or fellow program participants.
- The Code of Conduct applies to all types of communication, whether conducted in person or through written means such as letters, emails, or text messages.
- The consumption or influence of alcohol and/or illegal drugs is strictly prohibited and could lead to rejection or immediate dismissal from the program.

I acknowledge that eligibility for enrollment or participation in the Community Services Block Grant (CSBG) Program requires adherence to the program's terms and code of conduct. Noncompliance will lead to either denial of admittance or termination of enrollment.

Print Name _____

Signature _____

Date _____