



## REQUIRED DOCUMENT LIST FOR CASE MANAGEMENT

We wish to take this opportunity to thank you for allowing us to assist you in the Community Action of Greater Indianapolis (CAGI) Case Management Program.

You may obtain an application for Emergency Services by going to our website at [www.cagi-in.org](http://www.cagi-in.org).

***The supporting documentation listed below is required to proceed with CAGI's Case Management Program.***

We ask that you please call (317)524-6972 to schedule an appointment to bring in your supporting documentation, or you may come in as a walk-in to drop off your documentation. Once we have received all the required documentation needed to start the process you will be scheduled an appointment with our case management team within 5 business days.

### **Documentation Needed:**

- Photo ID, current and must be issued from state of Indiana
- If you are not a citizen of United States please provide your TIN card or government issued documentation
- Lease and or copy of intent to lease agreement/letter from landlord
- Last **60** days of all pay stubs for all adults 18 years and over residing in the home
- If receiving Social Security or Disability Benefits submit Award/Benefit amount letter
- WorkOne Wage Release of Information Form (***CAGI will obtain this report from WorkOne***)
- Last **two (2)** months current bank statements (***Including all pages even if they are blank & must include name, address and account number***)
- A *copy* of one utility bill as proof of occupancy (***Lights, Gas or Water ONLY***)
- If 18 and older and still attending school, please provide a copy of the class schedule with school name listed on document

We look forward to working with you and do not hesitate to contact us, if you have any questions or concerns.

Respectfully,

Community Action of Greater Indianapolis  
Case Management Program

***Community Action of Greater Indianapolis, Inc. (CAGI) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include but not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.***



## CAGI APPLICATION FOR ASSISTANCE

### Tell Us About Your Household ~ Please Print Clearly

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_  
 How Many In Household: \_\_\_\_\_ Adults (Over 18): \_\_\_\_\_ Children: \_\_\_\_\_ Rent/Own: \_\_\_\_\_ How Long: \_\_\_\_\_  
 How Did You Hear About This Program: \_\_\_\_\_  
 Referring Agency Name: \_\_\_\_\_

### Tell Us About Your Need ~ Please Explain In Detail

Describe Emergency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What Created The Need or Emergency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What Have You Done To Try Meet This Need: \_\_\_\_\_  
 \_\_\_\_\_

Who Is Being Affected : \_\_\_\_\_

Have You Applied Previously For Assistance, If So, What Program & When: \_\_\_\_\_

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### Applicant Signature

Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Email: \_\_\_\_\_

### OFFICE USE ONLY

Application Approved: \_\_\_\_\_ Denied/Why: \_\_\_\_\_  
 Approval Amount: \_\_\_\_\_  
 Payee: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_



Community Action of Greater Indianapolis, Inc. (CAGI)

CASE MANAGEMENT HOUSING AFFIDAVIT

To be completed by applicant applying for assistance to confirm individuals residing in the home.

Name: \_\_\_\_\_ Date: \_\_\_\_\_, 2018

Address: \_\_\_\_\_
City State Zip Code

PLEASE LIST BELOW ONLY THE INDIVIDUALS THAT RESIDES AT THE ADDRESS LISTED ABOVE:

Table with 5 columns: NAME, RELATIONSHIP, AGE, SEX, RACE: (AFRICAN/AMERICAN, WHITE, LATINO & Other). Multiple rows for listing individuals.

As the head of household and or applicant of the residence at the address listed above, I \_\_\_\_\_, declare that the above named individuals are residing with me and I can provide documentation upon request for validation. I certify under the penalties for perjury and fraud that the information provided above is true and accurate.

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

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_






Email: \_\_\_\_\_

## CAGI Family Assessment Survey

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

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

In order for us to better serve you, we would like for you to tell us how you are doing in the following areas. Please circle the number **1** if your family is really struggling with this category or circle **5** if your family is having no problems with in this category. If your family is somewhere in the middle, please mark if you are a 2, 3 or 4. If a category does not apply, then please circle NA for not applicable:

 <b>INCOME</b> 1    2    3    4    5    NA	 <b>EMPLOYMENT</b> 1    2    3    4    5    NA
 <b>HOUSING</b> 1    2    3    4    5    NA	 <b>FOOD</b> 1    2    3    4    5    NA
 <b>CHILDCARE</b> 1    2    3    4    5    NA	 <b>HEALTHCARE</b> 1    2    3    4    5    NA
 <b>ADULT EDUCATION</b> 1    2    3    4    5    NA	 <b>FAMILY INTERACTIONS</b> 1    2    3    4    5    NA
 <b>ADDICTIONS</b> 1    2    3    4    5    NA	 <b>SUPPORT SYSTEM</b> 1    2    3    4    5    NA
 <b>UTILITIES / ENERGY ASSISTANCE</b> 1    2    3    4    5    NA	 <b>TRANSPORTATION</b> 1    2    3    4    5    NA

CAGI has many programs that help families become self-sufficient. Please check any of the programs that you might be interested in or would like to receive more information on and give the form to the staff member who you are seeing today.

- Weatherization
- Home Repair ( available in Marion and Hendricks Counties)
- Section 8 Housing
- Emergency Services ( food, rent and transportation)
- Case Management
- Foster Grandparent Program
- How to volunteer for CAGI

May we contact you by telephone and/or email?    \_\_\_ Yes    \_\_\_ No

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**COMMUNITY ACTION OF GREATER INDIANAPOLIS  
(CAGI)**

*2018 Federal Poverty Guidelines  
125% of Poverty*

FAMILY SIZE	ANNUAL	MONTHLY	WEEKLY
1	\$15,175	\$1,265	\$292
2	\$20,575	\$1,715	\$396
3	\$25,975	\$2,165	\$500
4	\$31,375	\$2,615	\$603
5	\$36,775	\$3,065	\$707
6	\$42,175	\$3,515	\$811
7	\$47,575	\$3,965	\$915
8	\$52,975	\$4,415	\$1,019
9	\$58,375	\$4,865	\$1,123
10	\$63,775	\$5,315	\$1,227

**NOTE: FOR FAMILIES WITH MORE THAN TEN (10) MEMBERS**

- **ADD \$5400 FOR EACH PERSON ANNUALLY**
- **ADD \$450 FOR EACH PERSON MONTHLY**
- **ADD \$104 FOR EACH PERSON WEEKLY**



INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

\*NAME OF APPLICANT (PRINT) \_\_\_\_\_

\*SOCIAL SECURITY: \_\_\_\_\_

\*CURRENT DATE: \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

\_\_\_\_\_  
\*SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

\*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

\*Signature of Requestor: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*REQUIRED FIELDS: For questions email [EmplovVerification@dwd.IN.gov](mailto:EmplovVerification@dwd.IN.gov)