PITTSYLVANIA COUNTY COMMUNITY ACTION INC
348 N MAIN ST * PO BOX 1119
CHATHAM VIRGINIA 24531
EVERLENA ROSS, EXECUTIVE DIRECTOR

*****COVID - 19*****

PITTSYLVANIA COUNTY (COVID-19) ASSISTANCE

NAME: ____________________ **DATE:** ____________

STREET ADDRESS: ____________________

CITY: ____________________

STATE: ____________ **ZIP CODE** ____________ ____________

TELEPHONE NUMBER: (   ) ____________ **MESSAGE NUMBER (   )** ____________

DATE OF BIRTH: ____________

SOCIAL SECURITY NUMBER: ____ - ____ - ____ **AGE:** ______

RACE PLEASE CHECK: *NATIVE AMERICAN* _____ *ASIAN* _____ *BLACK/AFRICAN AMERICAN* _____
WHITE/CAUCASIAN _____ *NATIVE HAWAIIAN/PACIFIC ISLANDER* _____ *OTHER* _____ *HISPANIC* _____

Status: *Single* ☐ *Married* ☐ *Divorced* ☐ *Separated* ☐ *Widowed* ☐

EMAIL ADDRESS ____________________

HAVE YOU BEEN AFFECTED BY ((COVID-19))

PLEASE CHECK THE SERVICE YOU ARE REQUESTING ASSISTANCE FOR

1. *UTILITY ASSISTANCE* ☐ *RENTAL/MORTGAGE ASSISTANCE* ☐
FOOD ASSISTANCE ☐ *PRESCRIPTION MEDICATIONS* ☐

PLEASE CHECK WHAT APPLIES TO YOU AND GIVE A DETAILD DESCRIPTION

☐ *JOB LOSS* ☐ *LOSS OF HOME - SUCH AS FIRE, EVICTION, STORM*
☐ *MEDICAL EMERGENCY* ☐ *LOSS INCOME EXAMPLES: SSI, DISABLITY, SOC SEC*
☐ *DEATH* ☐ *OTHER*

____
____
____
____

2. *HAVE YOU RECEIVED HELP HERE BEFORE? YES* ______ *NO* ______
3. *PAST DUE AMOUNT $* ______
4. *CAN YOU CONTRIBUTE FUNDS TOWARD THIS ACCOUNT? YES* ______ *NO* ______

IF YES, PLEASE LIST THE AMOUNT YOU CAN CONTRIBUTE $ ______

PITTSYLVANIA COUNTY COMMUNITY ACTION INC
348 N MAIN ST * PO BOX 1119
CHATHAM VIRGINIA 24531
EVERLENA ROSS, EXECUTIVE DIRECTOR

5. ARE YOU EMPLOYED YES ______ NO ______
6. EMPLOYER NAME: ______
7. EMPLOYER ADDRESS: ______
8. EMPLOYER TELEPHONE NUMBER: ______

9. IS ANYONE IN YOUR HOUSEHOLD EMPLOYED? YES ______ NO ______
10. IF YES, WHERE ARE THEY EMPLOYED: ______
11. HOW ARE THEY PAID Weekly___ Bi-Weekly_____ Monthly___

12. HAVE YOU RECEIVED ASSISTANCE FROM ANOTHER ORGANIZATION, IF YES, PLEASE LIST THE ORGANIZATION AND THE AMOUNT OF THE ASSISTANCE THAT YOU RECEIVED

ORGANIZATION ______

AMOUNT RECEIVED $ ______

13. ARE YOU A VETERAN? YES ______ NO ______

14. EDUCATION: *HIGH SCHOOL: YES _____ NO ____, IF NO, LIST LAST GRADE COMPLETED _____ GED______*

15. COLLEGE: *NONE______ ASSOCIATE'S DEGREE______ BACHELOR'S DEGREE______ MASTER'S DEGREE______*

LIST ALL HOUSEHOLD MEMBERS

NAME	*DISABLED* YES/NO	*RELATIONSHIP* SON/DAUGHTER/OTHER	*BIRTHDATE* MM/DD/YYYY	*SOCIAL SECURITY #*
		SELF		

PITTSYLVANIA COUNTY COMMUNITY ACTION INC
348 N MAIN ST * PO BOX 1119
CHATHAM VIRGINIA 24531
EVERLENA ROSS, EXECUTIVE DIRECTOR

SOURCES OF INCOME *DOLLAR AMOUNT*		
JOB	*WEEKLY*	$
EARNINGS	*BI-WEEKLY*	$
	MONTHLY	$
GOVERNMENT BENEFITS		
TANF		$
SOCIAL SECURITY		$
SSI		$
VETERAN BENEFITS		$
DISABILITY		$
UNEMPLOYMENT		$
OTHER INCOME		
RETIREMENT		$
OTHER INCOME		$
CHILD SUPPORT		$

PLEASE CHECK ALL THAT APPLY	
SNAP AMOUNT	$
FUEL ASSISTANCE	$
MEDICAID	
MEDICARE	
WIC	$
EMPLOYER INS.	

MONTHLY EXPENSES	
RENT	$
MORTGAGE	$
CELL PHONE	$
MEDICAL	$
CAR PAYMENT	$
INS MED/CAR	$
CABLE	$
DAY CARE	$
CREDIT CARDS	$

I authorize ***Pittsylvania County Community Action, Inc.*** to contact and share information with any source necessary to process this application. ***Pittsylvania County Community Action, Inc.*** , if contacted we will verify any assistance that you received. I certify that I have read and understand the attached guidelines. ***I also certify that the information provided is true and I understand if I give false or misleading information, my request will be denied, and may be referred for prosecution, if warranted.***

SIGNATURE OF APPLICANT ______________________ ***DATE*** ____________

PITTSYLVANIA COUNTY COMMUNITY ACTION INC
348 N MAIN ST * PO BOX 1119
CHATHAM VIRGINIA 24531
EVERLENA ROSS, EXECUTIVE DIRECTOR

FOR OFFICE USE ONLY

CSBG STIMULUS ☐ *COMMUNITY FOUNDATION* ☐

APPLICANT NAME ______________________
ADDRESS ______________________
PHONE NUMBER ______________________
CELL NUMBER ______________________
BILLING AGENCY ______________________

EXPLANATION OF INITIAL DISPOSITION OF THE CASE:

_______ APPLICATION COMPLETED, SIGNED AND DATED
_______ COPIES OF ALL DOCUMENTATION ATTACHED
_______ APPLICANT INFORMED OF APPLICATION PROCEDURE
_______ APPLICATION AND DOCUMENTATION REVIEWED AND FORWARED TO ADMINISTRATION
_______ ***CLIENT REFERRED TO ANOTHER AGENCY FOR ADDITIONAL ASSISTANCE***

SOCIAL SERVICE	_______	***FOR***	_______________
VIRGINIA WORKFORCE	_______	***FOR***	_______________
MENTAL HEALTH	_______	***FOR***	_______________
OTHER SERVICES	_______	***FOR***	_______________

DATE REFERRED: _______________

APPLICATION APPROVED: _______________

APPLICATION DENIED: _______________
WHY:

CASE NOTES:

FOLLOWUP DATE: _______________