



**Chandler CAP**  
 345 S. California St,  
 Chandler, AZ 85225  
 Ph 480-963-1423 ext 118  
 Fax 866-936-0950

**Gilbert CAP – inside the Heritage Center**  
 132 W. Bruce Ave ELLIOT & GILBERT RD  
 Gilbert, AZ 85233  
 Ph. 480-892-5331 or 480-625-4160  
 Fax 866-936-0950

<b>Appointment TIME:</b>	
<b>Appointment DATE:</b>	
<b>Scheduled with:</b>	

- I prefer an appointment before 8am.
- I prefer an appointment after 4pm

**If you are more than 10 minutes late you may be rescheduled.**

**List of documents you MUST PROVIDE IN ORDER TO RECEIVE ANY ASSISTANCE:**

- Social Security cards for ALL household members, CAP 2 or Household Summary print out from DES, Print out from Social Security Office showing social security numbers
- US Birth Certificates, Certificates of Naturalization, US Passport, Permanent Residence Cards for ALL household members or Current decision letter stating eligibility for Food Stamps or Cash Assistance
- If you or a member of the household is disabled, provide a statement from your doctor verifying disability
- Proof of income for ALL household members **for the last 30 days CHECK ALL THAT APPLY**
  - Award letters for Cash Assistance or Social Security benefits: SS, SSI, SSDI
  - Pay stubs for last 30 days for all household members
  - Child support payment history for last 30 days and Atlas number
  - Unemployment 'Weekly Claims Information' print out for last 30 days from www.azui.com
  - If Self Employed:
    - Journal or ledger including name, phone number, and amount paid for all clients in the last 90 days.
  - If no longer employed:
    - Statement from most recent previous employer stating last day worked, reason for release, date last pay was issued, gross amount, vacation and sick pay received.
  - If starting new employment:
    - Statement from your employer stating start date, rate of pay, hours schedule to work and pay date schedule
  - If there has been NO INCOME in the past 30 days:
    - Bank statement if surviving on savings
    - Survival statements or letters from friends or relatives who have provided assistance.

**List of documents you MUST provide for Rental Assistance:**

- Current Lease Agreement
- Original "PAST DUE RENT/MORTGAGE LETTER" completed by the landlord or mortgage company. **Form provided by CAP office. Please request this form.** Landlord's signature cannot be more than 10 days as of the date of the appointment including weekends. If Landlord is located out of state a faxed copy is acceptable.
- **if applicable** 5 day notice or eviction notice if you have received one
- **Proof of Crisis: MUST HAVE VERIFICATION OF ONE OF THE FOLLOWING:**
  - Verification of Loss of income within the last 90 days
  - Verification of Reduction of income within the last 90 days
  - Receipts from unplanned or unexpected expenses that occurred in last 90 days ( car repairs, medical, or funeral expenses)
  - Verification of Health and Safety condition that endangers the household(condemned property, infestation, domestic violence) that occurred in the last 90 days

**List of documents you MUST provide for Utility Assistance:**

- Most recent APS, SRP, or SWG utility bills - **all pages of bill required**
- M-Power clients must bring recent receipt with account number or last 30 days payment history
- Utility Deposits: Verification that rent and rental deposit has been paid. Copies of receipts of paid rent/rental deposit.

**List of documents you MUST provide for Housing Repairs/Weatherization:**

- Title/Deed for home.
- Property tax statement for home.
- Most recent water bill

\*\*\*If you are missing ANY of the above items, please call 480-963-1423 ext 118 or 480-892-5331 information on acceptable substitutes PRIOR to your appointment.\*\*\*

*List of Acceptable Documents (this list is not all-inclusive)*

A Birth Certificate showing birth in U.S. or Territories or possessions	Certificate of Birth issued by Dept of State (FS-545, or DPS-1350)
U.S. Passport, current or expired, except limited passports that are issued for periods of less than 5 years.	Certificate of Naturalization (N-550, N-570)
<b>CURRENT</b> award letter from ADES/FAA demonstrating eligibility for Food Stamp or Cash Assistance Programs. Must have applicant's name on award letter.	Adoption finalization papers showing child's name and place of birth in US, Territories or Possessions.
Report of Birth Abroad (FS 240) issued by the U.S. State Department	U.S. Consular Officer's Statement
Verification from USCIS (US Citizenship and Immigration services) <u>CANNOT be expired</u>	Verification from local, state or federal Vital Records Office sent directly to agency from vital records office
Native American/American Indian Census Record (must have picture <b>AND</b> enrollment or ID number)	Marriage certificate showing marriage to a male U.S. citizen before 9/22/1922 (proof of male citizenship required also)
Medical records listing place of birth in U.S., Territories or Possessions, and created at least 5 years before application; for children under 16, record must be created near time of birth OR five years prior to application (i.e hospital wrist bands, crib cards).	Life, health or other insurance records, created at least 5 years before application date w/place of birth in US, territories or possessions.
Early school records including date of admission, place and date of birth, names of parents and places of birth of parents if listed.	Admission records from a nursing home or skilled nursing care facility (cannot be currently residing in facility).
U.S. Department of Justice Certificate of Citizenship (N-560, N-561)	Legal records showing applicant's name and place of birth in the U.S., Territories or Possessions.
Identification Card for use of Resident Citizen (I-179)	State census records
Northern Mariana ID (I-873)	Military Papers
American Indian Card (I-872 with classification code KIC noted on it)	Certificates of Live Birth signed by a hospital official <b>AND</b> parent
U.S. Census record with applicant name, US place of birth, and DOB or age of applicant when record was made. Must indicate place of birth in U.S., Territories or Possessions.	Verification from the Social Security Administration
Religious record created within 3 months of birth; must include place of birth in U.S., Territories or Possessions <b>AND</b> DOB or creation date.	U.S. Citizen Identification Card I-197
Proof of employment as U.S. Civil Servant prior to 6/1/1976	Current SSI or SSDI Award letter
<b>Verification of Qualified Non-Citizen Status</b>	
I-194 from Immigration and Naturalization Services or unexpired Passport with the words: "Processed for - 551"	
Resident Alien Card (I-551)	
Alien Registration Receipt Card (I-151)	
I-94 (not expired, with qualified endorsements)	



**Southeast Community Action  
Program  
Prescreening and Needs Evaluation**

**\*\*\*CAP Use Only\*\*\***  
Date rec'd: \_\_\_\_\_  
Appt. Date: \_\_\_\_\_  
Appt. time: \_\_\_\_\_  
Where: CH or GL

**PLEASE READ**— This form must be completed in its entirety or it may be dismissed due to lack of information.

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: Chandler Gilbert Sun Lakes Queen Creek State: AZ Zip Code: \_\_\_\_\_  
(PLEASE CHECK)

Mailing Address: \_\_\_\_\_  
Street or PO Box # City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

- |  |                                       |                      |
|--|---------------------------------------|----------------------|
| <b>Family Type:</b>                                    | <b>Living Arrangement / Dwelling:</b> | <b>Housing Type:</b> |
| <input type="checkbox"/> Single Parent/ Female         | House                                 | Rent                 |
| <input type="checkbox"/> Single Parent/ Male           | Mobile Home                           | Own                  |
| <input type="checkbox"/> Two Parent household          | Apartment                             | Subsidized/Section 8 |
| <input type="checkbox"/> Single person                 | Other                                 | No Pay               |
| <input type="checkbox"/> Two adults(no minor children) |                                       | N/A                  |
| <input type="checkbox"/> Other                         |                                       | Homeless             |

Do you receive Food Stamps? Yes No  
 Would you like to sign up for SNAP (food Stamps)? Yes No  
 Are you a former employee of AZCEND or CAP office? Yes No  
 Are you a current volunteer or have ever volunteered with AZCEND or CAP office? Yes No  
 Are you an unemployed Veteran? Yes No  
 Is anyone in your household on AHCCCS: Yes No  
 Who is your AHCCCS provider?

What assistance are you requesting today? Check all that apply

- Past Due Rent
- Past Due Mortgage
- First Months Rent
- Utility (electric, gas)
- Utility Deposit
- Emergency Home Repairs (please explain): \_\_\_\_\_
- Weatherization (insulation, weather proofing etc.)
- Case Management (budgeting, goal setting, etc.)
- Job Training

Do you have children 5 and under? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Are you interested in receiving more information about children's programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have documents to verify your lawful presence in the United States (Citizenship or Qualified Non-Citizen Status)? Please see reverse side for examples. YES NO

**\*\*\*Please note that some of our funding sources may require verification of applicant's lawful presence. Any applicant who declares verbally or in writing that s/he is here illegally or in violation of USCIS law will be reported to Immigration and Customs Enforcement pursuant to ARS §1-501 and §1-502 and A.R.S.**

Please Complete the following with information about the your household

**\*\*\*DO NOT COMPLETE GREY AREAS\*\*\***

Social Security #	NAME First, Middle, Last	Gender	Date of Birth	Hmbd	Hdcp	Health Ins	Vet	Edu	Mrtl Stats	Lang	Citz	ETH	Race	Rel
1. Applicant's		M		Y	Y	Y								
		F		N	N	N								
2. Household member		M		Y	Y	Y								
		F		N	N	N								
3. Household member		M		Y	Y	Y								
		F		N	N	N								
4. Household member		M		Y	Y	Y								
		F		N	N	N								
5. Household member		M		Y	Y	Y								
		F		N	N	N								
6. Household member		M		Y	Y	Y								
		F		N	N	N								
7. Household member		M		Y	Y	Y								
		F		N	N	N								
8. Household member		M		Y	Y	Y								
		F		N	N	N								
9. Household member		M		Y	Y	Y								
		F		N	N	N								
10. Household member		M		Y	Y	Y								
		F		N	N	N								

Services Provided: CHECK ALL THAT APPLY

UTS UTA EEO APR CMA SRR ONR Other: \_\_\_\_\_

HDS#: \_\_\_\_\_

Notes:

Energy Education: **Y N** Child Support Referral to Custodial single-parent: **Y N N/A**

Migrant Farm Worker: **Y N** Seasonal Farm worker: **Y N**

Income Type: **Emply Empl&Ben Other No income** Benefits: **CA GA SSI SS Pension UI**

Answer the following questions ONLY if providing assistance with state EA and/or TANF fund sources: All employable HH members have complied with employment or employment training requirements? **Y N**

MONTHLY INCOME		MONTHLY EXPENSES	
Employment (take home)	\$	Rent/Mortgage	\$
Workers Comp.	\$	Utilities (Gas/Electric)	\$
Unemployment	\$	Water/Sewer/Garbage	\$
Child Support	\$	Home/Cell Phones	\$
Social Security	\$	Food (Groceries/Meals Out)	\$
VA/Pension	\$	Car Payment	\$
TANF/Welfare	\$	Car Insurance	\$
Utility Allowance	\$	Gas	\$
Self Employment	\$	Medical/Dental Expenses	\$
Other Income	\$	Clothing	\$
Food Stamps	\$	Household Goods (soap, etc.)	\$
Grants/Loans	\$	Entertainment (cable, movies)	\$
		Child Care Expenses	\$
		Education Expenses	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>
MONTHLY INCOME - MONTHLY EXPENSES= \$			

## INCOME INFORMATION

Name of household member with income	List name of source of income	Phone Number (Of source of income)	Frequency (weekly, monthly, bi-weekly)	Day of week income received (Mon., Tues, etc.)	Total Gross Income In last 30 days

Please explain what happened that caused you to need/request assistance (i.e. unexpected expenses, loss of income, etc.):

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The information provided above DOES NOT determine eligibility or financial assistance; this form is used solely to gather information.

I certify that I have truthfully completed this questionnaire and give permission to the CAP Social Services staff to verify all information, including prior assistance from other agencies.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



**AZCEND**  
**Community Action Program Chandler/  
Gilbert**  
**Confidentiality Policy**

AZCEND - Community Action Program (CAP) staff recognizes the importance of the highly sensitive information given to them by their clients. The CAP staff will not violate the trust and confidence of their clients. Failure to adequately protect confidential information regarding CAP clients may be grounds for employee dismissal.

The following guidelines were designed to help ensure that privileged information is treated with confidentiality and respect:

- Client files will be stored in locked cabinets
- Access to files is limited to CAP caseworkers, AZCEND supervisory staff, and Maricopa Human Services Department-Community Services Division staff.
- Clients have the right to review their files. AZCEND staff must be present while a client reviews their files. Photo identification must be presented at the time of the request.
- Only applicants and their spouses (listed as a household member on the application) may view the files.

The following guidelines will govern the release of confidential client information:

- The “need to know” principle will govern which information will be released.
- Information will only be released when a client has authorized such release, as outlined on the client assessment form.
- Requests for client information from police or court personnel will be referred to AZCEND’s CAP Program Manager immediately.
- Any questions related to the release of client information will be referred to AZCEND’s CAP manager.

I have read and received a copy of the Confidentiality Policy as outlined above.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Caseworker’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**AZCEND**  
**Community Action Program**  
**Chandler/Gilbert**  
**Grievance Process**

We hope your contact with the Community Action Program (CAP) is beneficial to you. If you feel, for any reason, you have been treated unfairly you have a right to seek a solution as outlined below.

**Step 1:** Discuss your concern with the CAP manager to try to reach a satisfactory solution. You can call 480-963-1423 ext. 111 to discuss verbally or schedule a meeting. You must contact the manager within 10 days of the problem occurrence. The CAP manager will document your complaints as well as any steps taken to resolve the situation. The CAP shall maintain the files and records relating to complaints for a period of three years. Such documents shall be maintained as confidential records. You may request a copy of this documentation.

**Step 2:** If you are dissatisfied with the results of your meeting with the CAP manager, you may present your complaint to AZCEND's Program Operations Director (480-963-1423 ext. 110). You must contact the Program Operations Manager within 10 days of completing step one. The Program Operations Manager will respond within 2 weeks of discussion and will document your complaint as well as any steps taken to resolve your complaint. You may request a copy of this documentation.

**Step 3:** If you feel your complaint has not been satisfactorily resolved, you may present your complaint in writing within 10 business days to AZCEND's CEO (345 S. California St. Chandler, AZ 85225 Phone number 480-963-1423). Upon review of your complaint, and in no more than 10 business days, you will be provided a written response addressing your concerns. AZCEND's CEO shall review all client grievances for the purpose of continuous quality improvement. A record of client grievances shall be kept as part of the Chandler/Gilbert quality improvement documentation. The CAP senior management and Board shall review as appropriate.

**Steps 4:** If you feel AZCEND's CEO has not satisfactorily resolved your complaint, you may present your complaint within 10 business days to the program administrators of the Maricopa County Human Services Department – Community Services Division at 234 N Central Ste. 3000, Phoenix, AZ 85004. Upon review of your complaint and within 10 business days, the Community Services Division staff will provide a written response addressing your concerns.

**Step 5:** If you feel the complaint is still unresolved by program administrators of Maricopa County Human Services Department – Community Services Division, you are encouraged to take the final step in the appeals process and present your complaint in writing within 10 business days to the Arizona Department of Economic Security, Division of Aging and Adult Services, Assistant Director, PO Box 6123, Site Code 950A, Phoenix, AZ 85005, Phone #: 602-542-6600, Fax #: 602-364-1756. Upon review of your complaint, staff will provide a written response addressing your concerns within 10 business days.

I have read and received a copy of the Grievance Procedure outlined above.

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

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

**MCHSD/CSD**  
**APPLICATION INTAKE AGENCY**

Enter Name/Address/Phone # of Agency

**Chandler location**  
**345 S. California St**  
**Chandler, AZ 85225**  
**480-963-1423 ext. 118**

**Gilbert location**  
**132 W Bruce Ave**  
**Gilbert, AZ 85233**  
**480-892-5331**

**CLIENT RIGHTS AND RESPONSIBILITIES**

I understand that it is my responsibility to keep all appointments and to notify the Application Intake Worker if I am unable to keep my appointment.

I will provide all necessary documents and verifications as requested. In the event that I am not able to obtain a requested document or verification, I will notify the Application Intake Worker who will provide me with direction or assistance concerning this matter.

I understand that, without all necessary documents and verifications, an application for direct financial assistance cannot be processed.

I understand that I must provide full and accurate information regarding all persons in my home, to include income, resources, property and all other items that pertain to my household's possible eligibility for services.

I understand that failure to cooperate fully with the application intake process is grounds for denial of an application for direct financial assistance.

I understand that, if I believe my application should not have been denied, I may appeal this decision. I will notify this agency if I wish to appeal this decision or the quality of service I was provided. I understand that, upon request, I will be provided assistance with my request to appeal. If I have not already received one, I will request from this agency, a copy of their written appeal, grievance, or problem solving procedure. I understand that, if I wish to appeal, I or my authorized representative must do so in writing to this agency within ten (10) days of the receipt of the denial notice.

With my signature below, I confirm that I fully understand my rights and responsibilities.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Submit Form**