

Center of Concern  
1513 Noble Street  
Anniston, Alabama  
36201

# All Saints Interfaith CENTER OF CONCERN

*a ministry of*  
Catholic Social Services  
www.centerofconcernanniston.org

(256) 236-7793 Phone  
(256) 238-7776 Fax

## Application/ Intake Policies and Procedures for Assistance

- Applications for **financial** assistance will be accepted from 9am-1:30pm Monday—Wednesday the Finance Committee meets on Thursday to determine applicant eligibility. Deadline for **financial** consideration is Wednesday at 1:30PM.
- Applicant will be notified by 2PM on Thursday **ONLY IF** the Center will provide assistance.
- Application must be completed and **signed by the same individual who is named on the bill** for which assistance is requested. Any application that is incomplete **will not be considered**.
- All applications **must be accompanied by the appropriate referral and supportive documentation** from Family Service Center or other acceptable Social Service Organization.

### **Supportive Documentation Required to Accompany Application & Referral**

- Identification (Social Security Cards and Picture IDs) for **everyone** in the household
- Proof of Income for everyone in the household
- Food Stamp Letter or Notice of Action form.
- For Utility or Rent assistance client must have documentation stating they have applied for child support, food stamps, Section 8, TANF, or unemployment.
- For Rx assistance a printout with cost from Quality of Life, Winn Dixie, Walmart, or Highland Health Services.
- Most recent bill and receipt of most recent payments (if utility assistance)
- Company name, Lease and Eviction Notice (if rent assistance) including phone number
- Documentation of any other government assistance (Section 8, TANF, Child Support, etc)
- If no income or government assistance, a statement stating no income (If recently terminated from employment, proof of unemployment benefits ending), or last pay stub.
- Disability Award Letter/ Proof of filing for disability.

Clients may be eligible for utility assistance 1x/year, prescription assistance 4x/year, clothing 4x/ year, and food assistance **\_\_\_\_\_**. **If client requests food assistance 3 consecutive months, he/she must meet with Director. Household income, frequency of assistance, availability and/or receipt of other sources of assistance (SNAP, TANF, etc.) are all considerations when determining need for assistance**

**NOTE: The Center of Concern makes every effort to assist those with a legitimate need. The Center of Concern reserves the right to deny assistance to any applicant or to vary from the guidelines stated above as deemed necessary.**