Adult Services, Otero County Department of Human Services

13 West 3rd Street, La Junta, CO 81050

Office – (719) 383-3166 • Fax – (719) 383-4607

Services Application

All applications must include the following:

🞎 Drivers’ License/ID for each adult in household

🞎 Social security for every member in household

🞎 Proof of income

If you are applying for assistance with **RENT**, please also include:

🞎 Lease agreement or mortgage contract (Must be in applicant’s name)

🞎 Eviction or foreclosure notice

If you are applying for assistance with **UTILITIES**, please also include:

🞎 Current bill (must be in household member’s name)

🞎 Shut-Off notice (must be in household member’s name)

If you are applying for assistance with **MEALS**, please also include:

🞎 Source of Meal that is being Provided

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | | Phone Number |
| Street Address | | | Mailing Address |
| City | State CO | Zip | Highest Grade Completed |
| DOB | Gender | | Number of People in Household |

**PLEASE LIST EACH HOUSEHOLD MEMBER, INCLUDING YOURSELF:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **Social Security #** | **DOB, Age** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

|  |  |
| --- | --- |
| **I IDENTIFY AS:**   * Male 🞎 Female * Other     **ETHNICITY: (optional)**   * Hispanic, Latino or Spanish Origin * Not Hispanic, Latino or Spanish Origin   **RACE: (optional)**   * White * Black or African American * Native American/Alaskan * Native Hawaiian or Pacific Islander * Asian * Multi-Race (any 2 or more)   **FAMILY TYPE:**   * Single Parent * Two Parent Household * Two Adults/No Children * Single Person * Non-related adults with Children * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **HOUSING:**   * Own 🞎 Homeless * Rent 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **HEALTH INSURANCE:**   * Medicaid 🞎 Medicare * Direct-Purchase * State Children’s Health Insurance * State Health Insurance for Adults * Direct purchase * Employment Based   **MILITARY STATUS:**   * Veteran * Active Military   **WORK STATUS:**   * Employed Full-Time * Employed Part-Time * Migrant Seasonal Farm Worker * Unemployed (6 mos. Or less) * Unemployed (longer than 6 mos.) * Unemployed (Not in Labor Force) * Retired |
| **OTHER INCOME SOURCE:**   * TANF * SSI * SSDI * VA Service Connected Disability Compensation * VA Non-Service Connected Disability Pension * Private Disability Insurance * Worker’s Compensation * Retirement Income from Social Security * Pension * Child Support * Alimony or other Spousal Support * Unemployment Insurance * Earned Income Tax Credit * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **NON-CASH BENEFITS:**   * SNAP * WIC * LIHEAP * Housing Voucher * Public Housing * Childcare Voucher * Affordable Care Act Subsidy * HUD-VASH * Permanent Supportive Housing * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **SOURCES OF INCOME:** (Please check all that apply)   * Employment ONLY * Employment AND Other income source * Employment, Other income source, AND   Non-Cash Benefits   * Employment AND Non-Cash Benefits * Non-Cash Benefits ONLY * No Income * Other Income Source ONLY * Other (Please Specify)   **TOTAL HOUSEHOLD GROSS MONTHLY INCOME:**  **$\_\_\_\_\_\_\_\_\_\_\_**    **TOTAL AMOUNT REQUESTED:** |

Authorization for Release of Information

Some sources of necessary information such as, mortgage companies, utility companies, local and government agencies, etc., require specific individual authorizations before releasing information concerning an individual. Verification of services rendered and further data collection throughout the year will be needed for CSBG reporting

I understand that state and federal laws mandate that applicants for public assistance furnish necessary information to assist in verifying statements and/or conditions and prevent misrepresentation and fraud. This release may be required so comparisons may be done regarding previous and present financial conditions. I understand that it is mandatory to give my consent to obtain necessary information and that failure to do so may result in the denial of my application.

**The Otero County Department of Human Services may need to contact any or all of the following agencies in reference to this application. Other agencies not listed may also be contacted in order to process this application.**

|  |  |  |
| --- | --- | --- |
| Electric Company |  | Landlord |
| City of Rocky Ford |  | La Junta Housing |
| City of La Junta |  | Rocky Ford Housing |
| Gas Company |  | Tri-County Housing |
| Opera House Pharmacy |  | Otero Housing |
| Ordway Pharmacy |  | Church Organization |
| Safeway Pharmacy |  | Salvation Army |
| Wal-Mart Pharmacy |  | Red Cross |
| Harris Pharmacy |  | Knight of Columbus |
| Valley Wide Health |  | Tri-County Family |
| AVRMC |  | Associated Charities |
| Doctors Office |  | Dentist/Dental Office |
| Otero Junior College |  | Colorado Workforce Center |
| Sears |  | BIG R |
| Wallace Oil |  | Otero Junior College |
| Retired and Senior Volunteer Program (RSVP) |  | Helping Hands |

In recognition of this fact I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the release of such information

(Name, please print)

as is required by Otero County Department Of Human Services to consider my application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

RESIDENCY DECLARATION

**Please complete one declaration per household member age 18 or over.**

In order to be eligible to receive the assistance you seek, you, as an applicant must be lawfully within the United States. Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, swear or affirm under penalty of perjury that (check one):

🞎 I am a United States citizen, or

🞎 I am a non-citizen national of the United States, or

🞎 I have an immigration status that makes me a “qualified alien”

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statues § 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) Signature Date

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Name (please print) Signature Date