



SCHOLARSHIP ANNOUNCEMENT IMPORTANT DATES TO REMEMBER

Application Dates:

- Applications are available on: January 18, 2016
- Deadline: **April 29, 2016***

Scholarship Interviews: *(Eligible families will be notified by May 16, 2016)*

- **Interview Date:** Saturday, May 21, 2016
- **Time:** 10am - 3pm (Candidates must arrive by 9:30am)
- **Location:** TBD
- **Attire:**
 - Males - slacks, polo style, long or short sleeve shirt, dress shoes
 - Females - skirt, slacks, blouse or polo style shirt, dress shoes

Scholarship Ceremony: *(Eligible families will be notified by June 3, 2016)*

- **Ceremony Date:** Wednesday, June 15, 2016
- **Time:** 5pm - 6pm
- **Locations:** TBD
- **Attire:**
 - Males - slacks, dress shoes, polo style, long or short sleeve shirt
 - Females - skirt, slacks, dress shoes, blouse or polo style shirt



**Hillsborough County
Department of Social Services and Community Action Board**

SCHOLARSHIPS AVAILABLE:

The Hillsborough County Department of Social Services, Community Action Board (HCCAB) and the Community Resource Center Community Advisory Committees (CAC) are accepting scholarship applications for the 2016-2017 school year, beginning **Monday, January 18, 2016** through **Friday, April 29, 2016 at 5:00 p.m. EST**. Achieving a higher education is an important life choice for young people and their families: the HCCAB in conjunction with the CAC's are offering \$5,000 scholarships to students who meet the eligibility requirements.

AUTHORITY: Community Advisory Committee

Hillsborough County Department of Social Services and Community Action Board provides residents with the opportunity to advocate for change in their respective neighborhoods through Community Resource Centers Community Advisory Committees. The program assists residents in five (5) communities throughout Hillsborough County in playing an active role in improving their neighborhoods. Residents participate in Community Advisory Committees (CACs) that provide input on social and economic issues facing their community and develop strategies to correct these issues. The CAC's award an annual scholarship in the amount of \$5,000 to an individual from their target area that is currently enrolled in a 2 or 4 year college or university or a vocational program, or has plans to attend a 2 or 4 year college or university or a vocational school in the Fall. Colleges, Universities and Vocational Institutes, must have current accreditation thru SACS (Southern Association of College and Schools). This scholarship initiative was developed to provide financial support to assist individuals from the communities served by the CAC's providing an opportunity to attain their educational goals. The scholarship is open to individuals between the ages of 17* thru 22.

ELIGIBILITY REQUIREMENTS:

Any person 17* thru 22 years old, who is a senior in High School, has obtained a High School diploma or a GED equivalent and who is a resident of the certain target zip codes (see attached).

Applicant's family income must fall within 125% of the 2015 Federal Poverty Guidelines established for the Community Service Block Grant (CSBG) mandated requirements. (See attached).

Recipient agrees to complete a brief survey in order to provide feedback on their scholarship and college experience.

*A 16 year old may apply if they are a graduating senior

CRITERIA FOR SELECTION:

Community Service and School Involvement: If applicable, the amount of community service hours completed and any special awards and honors received will be considered. For any community service hours, the applicant will submit a list of references and a short description of the service he/she has rendered to the community.

Application: Additional letters of recommendation from the principal, assistant principal, guidance counselor, teacher, academic advisor, college professor or dean will be considered.

Academic Record: Eligible applicants, must have least a minimum GPA of a 2.0.

Essay Statement: Eligible applicants, must address each essay question listed on page (3) three.

Interview: Eligible applicants, will be required to participate in a panel interview.

CONDITIONS OF AWARD:

This scholarship up to the amount of \$5,000 requires the student to present the application to the Hillsborough County Community Resource Center Manager or designee in the targeted zip code of the center.

APPLICATION REQUIRMENTS must be turned in by April 29, 2016. No exceptions will be made for late submissions.

Incomplete applications will not be considered. All areas and forms included in this packet must be completed.

- Proof of **ALL** household income from all sources for the last **90 days**: pay check stubs, child support, alimony, social security benefits, unemployment compensation, workers compensation, school grants and loans, Department of Children and Family cash assistance (TANF) short term disability, victims of crime etc.;
- If you are receiving assistance from family or friends, please provide a letter from them with the following information: name, date, phone number, amount of assistance, how often the assistance is provided and their signature;
- Proof of address in target zip code area: Driver's License, Lease/Mortgage, Utility Bills. Please see the list of other proof of residency requirements attached;
- Current picture ID for all adults over 18 years of age and birth certificates for all minors' children under 18;
- Social Security card or printout for all household members with full numbers (copy);
- Any active or pending government assistance programs: social security benefits, unemployment, workers compensation;
- Proof of section 8 or Tampa Housing benefits;
- Current food stamp letter or computer printout;
- Current Medicaid benefits letter or computer printout;
- Verification of other resources received by other government agencies;
- Recommendation Form from school/college faculty or counselor;
- Official sealed copy of high school or college transcript;
- Letter of acceptance from educational institution or proof of enrollment with class schedule

Children of board members will be allowed to apply for a scholarship, but the member will be excluded from the candidate selection process.

PUBLIC ANNOUNCEMENT & RECRUITMENT PROCESS:

The Scholarship Program will be widely publicized through the media, area schools, community resource centers, local churches, and other community organizations.

FORFEITURE OF SCHOLARSHIP:

If a student does not enter the educational institution within the institutions official drop add period for the Fall semester, the scholarship award amount will be returned to the HCCAB's Community Service Block Grant (CSBG) Scholarship Fund, and another recipient will be selected, unless the student has completed enrollment in a substitute educational institution. If a student chooses to enroll in a different educational institution, Hillsborough County Social Services Department must be notified via email at: Pullenf@hillsboroughcounty.org. Notification must be received within 10 days of acceptance by the new institution. Proof of enrollment must be provided.

SUBSTITUTE EDUCATIONAL INSTITUTION ENROLLMENT:

If a student does not complete enrollment in the primary institution of choice but does complete enrollment in a different educational institution and the scholarship is returned to Advisory Committee and HCCAB's Community Service Block Grant (CSBG) Scholarship Fund, funds will be redirected to the institution where the student has completed enrollment.

SCHOLARSHIP APPLICATION CHECKLIST:

Before submitting your Hillsborough County Department of Social Services and Community Action Board (HCCAB) Scholarship Award Packet, please make sure you have included the following items:

Incomplete applications will not be considered. All areas and forms included in this packet must be completed.

ENTERING, CONTINUING, AND RETURNING STUDENTS:

- Complete Scholarship Application
- Attach a typed **two (2)** page personal statement. **Statements less than two 2 pages will not be accepted.**
- The statement should be typed in a 12 point standard font (Arial or Times New Roman). The statement should address each of the following questions:
 - a) Why you should be selected for the award?
 - b) What are your academic strengths and weaknesses?
 - c) What are your career goals?
 - d) What extenuating circumstances might prevent you from entering college?
 - e) How do you plan to fund your post-secondary education beyond this scholarship?
- All application requirements listed on page 2 of this packet and all forms attached.

Applications must be presented to **the Hillsborough County Community Resource Center Manager or designee** in the targeted zip code of the center, by **April 29, 2016**. **No applications will be accepted after the deadline. No exceptions.**

Target Area: (zip code list attached) _____

GENERAL INFORMATION:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Email address: _____

Social Security #: _____ Date of Birth: _____

Classification during the Fall 2016 semester:

☐ Incoming freshman ☐ Continuing or returning student: (freshman, soph., jr., sr., grad.)

Name of institution to attend in the Fall 2016: _____

Declared or anticipated major: _____

Secondary or minor area(s) of study: _____

Career choice: _____

Expected enrollment status for 2016-2017: ☐ Full time (12 credit hours or more) ☐ Part time**High School Information: (Complete only if you are a High School senior or entering college as a freshman in the Fall.)**

High School: _____

High School address: _____

High School GPA: _____ ACT Score (if available): _____ SAT Score (if available): _____

Date of High School graduation: _____
Month/Year

(1) List school/church/community activities in which you have participated (include leadership roles).

(2) List special honors/awards.

COLLEGE INFORMATION: (Complete only if you are a continuing or a returning college student)

Name of College/University: _____

College GPA: _____ Total number of college credits completed: _____

(1) List College/University/Community activities in which you have participated (include leadership roles).

(2) Indicate any honors or special recognitions you have received in college.

Recommendation Form

This form is to be completed by the applicant's High School principal, assistant principal, guidance counselor, teacher, academic advisor, college professor or dean. One recommendation form is mandatory to apply for the scholarship. Additional recommendations are encouraged. Letters are welcomed.

Applicant's first name: _____ Applicant's last name: _____

Name of High School/College: _____

Name and title of person completing this form: _____

Capacity in which you know the student: _____

Number of months/years you have known the student: ☐ 0-1 year ☐ 1-2 year ☐ 2-3 years ☐ 4 or more

Please rate the applicant on the qualities listed below using the following numeric scale:

5 – Excellent 4 – Good 3 – Average 2 – Fair 1 – Poor

Academic Promise		Attitude	
Initiative		Respect	
Career Goals		Self-Discipline	
Responsibility		Perseverance	

Additional comments:

Signature: _____ Date: _____

Title: _____ Phone: _____

Email: _____

CSBG Florida Poverty Guideline for 2015

Family Income Guidelines Effective April 1, 2015*	
Number of people in the household:	Total annual income no greater than:
1	\$14,713
2	\$19,913
3	\$25,115
4	\$30,313
5	\$35,513
6	\$40,713
7	\$45,913
8	\$51,113
Add this amount for each additional person	\$5,200

***Income guidelines are subject to change based on the Health and Human Services Florida Poverty Guidelines**

**HILLSBOROUGH COUNTY COMMUNITY ACTION AGENCY
SCHOLARSHIP
(Target areas list)**

Community Resource Center Zip Code Areas

Lee Davis CRC	Plant City CRC	South Shore CRC	West Tampa CRC	University Community CRC
33509	33509	33503	33602	33548
33510	33510	33509	33606	33549
33511	33511	33510	33607	33556
33547	33527	33511	33608	33558
33550	33530	33534	33609	33559
33584	33540	33547	33611	33592
33603	33547	33568	33614	33612
33604	33563	33569	33615	33613
33605	33564	33570	33616	33617
33610	33565	33571	33621	33618
33619	33566	33572	33629	33620
33637	33567	33573	33634	33624
	33584	33578	33635	33625
	33587	33579		33626
	33594	33586		33637
	33596	33594		33647
	33834	33596		
	33810	33598		
		33619		
		33834		
		34221		

Persons who are homeless may submit to any center including:

Lee Davis CRC	3402 N. 22nd St., Tampa, FL	(813) 272-5220
Plant City CRC	307 N. Michigan Ave., Plant City, FL	(813) 757-3871
South Shore CRC	201 14th Ave. S.E., Ruskin, FL	(813) 671-7647
West Tampa CRC	2103 N. Rome Ave., Tampa, FL	(813) 272-5074
University CRC	13605 N. 22nd Street, Tampa, FL	(813) 975-2153



APPLICATION REQUIREMENTS

- ☐ Applicant worksheet completed and signed
- ☐ Picture ID for all adults 18 and over and birth certificates for all minor children
- ☐ Social security cards or verification for all members in household
- ☐ (2) Proof for residency requirements. See page next for details

INCOME/WAGES/MONEY RECEIVED

- ☐ Proof of ALL household **gross** income from all sources for the last **90 days**: pay check stubs, child support, alimony, social security benefits, unemployment compensation, workers compensation, school grants and loans, Department of Children and Family cash assistance (TANF) short term disability, victims of crime etc.
- ☐ If you are receiving assistance from family or friends, please provide a letter from them with the following information: name, date, phone number, amount of assistance, how often the assistance is provided and their signature.

RESOURCES

- ☐ Any active or pending government assistance programs:, social security benefits, unemployment, workers compensation,
- ☐ Proof of section 8 or Tampa Housing benefits
- ☐ Current food stamp letter or computer printout
- ☐ Current Medicaid benefits letter or computer printout
- ☐ Verification of other resources received by other government agencies

Packet Verification Signature

Date

Incomplete applications will not be considered

RESIDENCY REQUIREMENTS

Assistance will be limited to persons of families who maintain residency in Hillsborough County. A person or family is considered to be a resident of Hillsborough County if they establish or maintain a physical living arrangement within the county (other than a medical facility or penal institution), which they or someone responsible for them consider to be their home. It is the responsibility of the person or the family applying for assistance to provide documentation of such residency.

CHECK √	#	<u>Two of the following must be provided:</u>
	1.	Copy of a current driver's license or state ID showing a Hillsborough County address
	2.	Mortgage information, lease agreement, rent receipts, THA rent receipt, or letter from the landlord. (Motel receipts and letters from relatives are not acceptable)
	3.	Proof of home ownership
	4.	Homestead exemption documentation
	5.	Water, electric or other public utility bill in the name of the applicant or spouse for service to a Hillsborough County residential address
	6.	Vehicle registration in the name of the applicant or spouse with a Hillsborough County residential address
	7.	Hillsborough County voter registration card received more than 30 days prior
	8.	Proof of children enrolled in school within the County
	9.	Recent historical record of residence documented through a County department's or other social service agency's case record
	10.	Canceled mail from a federal, state or county agency addressed to the applicant or spouse
	11.	Verification from the Post Office of mail received at a residential address within the County by applicant or spouse
	12.	Declaration of Domicile recorded with the Clerk of the Circuit Court of Hillsborough County by the applicant or spouse

**IT MAY BE DETERMINED OTHER REQUIREMENTS ARE
NECESSARY AFTER THE INTERVIEW**



**HILLSBOROUGH COUNTY HEALTH AND SOCIAL SERVICES SELF
DECLARATION OF INCOME**
(No Income and No Verification)

CASE NAME: _____ **CASE NUMBER:** _____

The size of my household is _____

My total monthly income is _____

SOURCE OF INCOME:

Social Security \$ _____ Employment \$ _____

SSI \$ _____

Interest/Dividends \$ _____

V.A. \$ _____

Other \$ _____

DOCUMENTATION OF INCOME NOT PROVIDED BECAUSE:

REMARKS:

I certify to the truthfulness of the above statements and understand falsification will
constitute grounds for denial of assistance.

Signature of Client

Signature of Worker

Date

Date

HSS13 Self Declaration (02/20/08)

APPLICANT WORKSHEET

HSS CASE NUMBER: _____

Please complete the following information. Enter the names of **everyone** living at your address. Start with your name first, co-applicant, your children (oldest to youngest) then everyone else living in your household. **PLEASE PRINT.**

Legal Name Enter Last, then First		A g e	Social Security #	Date of Birth	Relation to you	S e x	E T H N	R A C E	Birth Place	US Citizen Y/N	Edu- cation (Grade)	Vet Y/N	Handi- capped Y/N

Maiden Name: _____ Circle One: (Mar) (Div) (Sep) (Wid) (Sgl) **ETHN**icity: **H**ispanic, **N**on-**H**ispanic

RACE: **W**hite, **B**lack/African American, **N**ative American, **A**asian/Pacific Islander, **O**ther

Housing Status: Rent ☐ Amt \$ _____ Mo Own ☐ Amt \$ _____ Mo Homeless ☐ Are you a: Farmer ☐ Migrant Worker ☐ Seasonal Worker ☐

Residence Address (Street, City, State & Zip): _____ Phone: _____

Mailing Address (Street/PO Box, City, State & Zip): _____

Contact Person: _____ Relationship: _____ Phone #: _____

What do you need help with? _____

INCOME SOURCE	Y/N	AMOUNT	INCOME SOURCE	Y/N	AMOUNT
TANF/AFDC			Alimony and/or Child Support		
Social Security, SSI, SSD, Retirement, Survivors			VA Pension/Retirement		
Pension/Annuities/IRA			Disability Insurance		
Workman's Compensation			Unemployment Compensation		
Earnings from Wages			Odd Jobs/Day Labor/Temp Pools		
Babysitting/House Cleaning			Self-Employment		
Junking/Can Collecting/Flea Market Sales			"Catching Breaks"/Lawn Mowing/Farm Work		
Care-Taker of Elderly/Disabled			Renters/Boarders/Foster Care		
School Grants or Loans			Assistance from Friends/Relatives		
Income Tax Return (check received)			Other Income		
ASSETS/BELONGINGS/POSSESSIONS	Y/N	VALUE	ASSETS/BELONGINGS/POSSESSIONS	Y/N	VALUE
Checking/Savings Accounts			Credit Union Accounts		
Automobiles/Motorcycles			Boats/Recreational Vehicles		
Property Owned: Home, Acreage, Trailer, Lot			Life Insurance: Whole Life, Term Life		
Accidental Death Policy/Cancer Policy			Stocks/Bonds		
CD's/Money Market Accounts			Profit Sharing/Deferred Compensation/IRA		
RESOURCES APPLIED/ENROLLED	Y/N	BENEFIT	RESOURCES APPLIED/ENROLLED	Y/N	BENEFIT
Medicaid			Medicare		
Children's Medical Services or Medically Needy			Medicare Supplement/HMO		
Health Department Services			Victim of Crime Compensation		
VA Medical Services			Epilepsy Foundation/Cancer Society		
Disability Insurance			Vocational Rehabilitation		
Mental Health Services			Legal Action/Lawsuit Pending		
Section 8/Tpa Housing Auth/PC Housing Auth			Job Services of Florida/Workforce		
Food Stamps			SHARE (Food or Electric)		
Red Cross/United Way Services			Other (explain)		
Are you covered by any Health Care Plan?	Yes / No		Have special medical needs during disaster?	Yes / No	
Is Insurance available through employer?	Yes / No		Need transportation to a disaster shelter?	Yes / No	

I certify the information I have given is correct and true. I understand there is a law providing for fine or imprisonment for anyone withholding or giving false information or receiving assistance to which he/she is not entitled. I am aware the I am responsible for cooperating and assisting fully in the determination of my eligibility. **I will return all requested information, and if approved, I will keep the worker informed of my current address and will report address changes by calling (813) 272-5040.** I will also report changes in household composition, report changes in earnings, assets and/or receipt of monies. I understand Health & Social Services will verify the information provided in this application for the purpose of documenting and determining services for which I may qualify.

Your Signature: _____ Spouse's Signature: _____ Date: _____

(for office use only)

Case Name: _____ Case Number: _____

HSS#12 (revised 04/21/10)

Department of Health and Social Services
Applicant / Recipient Acknowledgements and Agreements



- **Three Strikes Policy:** I understand that if I am convicted on different days of three (3) separate felony offenses which occurred in Hillsborough County after April 6, 2005, I am not eligible to receive health care benefits under the Hillsborough County Health Care Plan, and my application for health care benefits will be denied or my benefits will be terminated. I understand that I will be notified in writing of recorded felony convictions in Hillsborough County and that I can challenge the recording of strikes and termination of benefits by following the established challenge procedures. I agree to notify the Hillsborough County Department of Health and Social Services of any address changes before the change occurs or immediately thereafter.
- **Notice of Privacy Practices:** I have read or received a copy of Hillsborough County's Notice of Privacy Practices (Notice). I understand that if Hillsborough County uses my personal health care information in a manner that is different than described by the Notice, they must first get my permission.
I am accepting this Notice on behalf of:
_____ Myself
or _____ Another person as representative
(parent, guardian, family member, etc.) _____ If signing for another person(s), print their name(s) here
- **Patient Assistance Program:** By applying for Hillsborough County Health Care Plan benefits, I agree to complete the necessary paperwork for and apply to obtain no cost or low cost prescription drugs from drug manufacturers' patient assistance programs when requested to do so by Hillsborough County staff or representatives. I understand that if I do not complete the necessary paperwork and apply for these no cost or low cost prescription drugs when requested to do so by Hillsborough County staff or representatives, the Health Care Plan may not pay for these prescription medications or any brand name or generic equivalent.
- **Falsifying Information:** I understand that if I provide information which I know is untrue to obtain Health Care Plan Benefits or other public assistance benefits, my benefits may be terminated and I may be prosecuted under applicable law.
- **Social Security Number Disclosure:** In compliance with Section 119.071(5), Florida Statutes (Public Records Law) by this document the Hillsborough County Department of Health and Social Services (Department) discloses to you that your social security number is requested by the Department for the purpose of verification of information to determine or verify eligibility for Hillsborough County Health Care Plan benefits and other public assistance benefits, identity verification, verification of past or current employment, criminal history checks, income reporting, and asset verification and to process payments for Health Care Plan benefits and other public assistance benefits through the Hillsborough County Clerk of the Circuit Court and will be used solely for one or more of those purposes. The Hillsborough County Clerk of the Circuit Court collects your social security number for the purpose of processing payments on behalf of the Department. The Clerk of the Circuit Court has advised us that your social security number is used by the Clerk of the Circuit Court for no other purpose than stated above.
- **Release of Information Agreement:** I hereby grant permission to and authorize any bank, building association, insurance company, real estate company, or any financial institution, savings and loan, credit union, or credit agency of any kind or character to disclose to any accredited employee of the Health and Social Services Department full information as to my past, present or future bank accounts, earnings, insurance policies, property, or legal action for the purposes of determining or verifying eligibility. In connection with my application for assistance, I understand that all information I provide will be verified, which may include computer file matching and that I may be requested to provide other information as a result. I agree that reproductions or copies of this signed release authorization are as valid as the original.

My signature below acknowledges that I have read each of the statements above and that I will comply with my agreements above.

Signature _____

Date Signed _____

Printed Name: _____

HSS Case #: _____

Worker: _____

Facility: _____



NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS
COMMUNITY SERVICES BLOCK GRANT PROGRAM (CSBG)
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
(EHEAP)

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Community Services Block Grant Program, the Low Income Home Energy Assistance Program and the Emergency Home Energy Assistance for the Elderly Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income. **(LIHEAP & EHEAP)**

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity, the Department of Elder Affairs, the Area Agency on Aging and Hillsborough County, a Political Subdivision of the State of Florida for the purposes specified above.

Non-disclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the:

- ☐ EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
- ☐ LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
- ☐ COMMUNITY SERVICES BLOCK GRANT PROGRAM

Date

Applicant's Signature

Case Name: _____

Case Number: _____

GRANTS ONLY: I, the undersigned, do hereby certify that there are _____ persons residing in my household. I further certify that our annual gross income is \$_____ and that the information furnished by me for this form is true and correct to the best of my knowledge.

I am aware that I am responsible for cooperating and assisting fully in the determination of my eligibility. In addition, I will return all requested information, allow a Health and Social services worker to visit my place of residence; keep the worker informed of my current address and changes in household composition, report changes in earnings, assets and/or receipt of monies. If I am unable to provide the information my social worker has requested by my appointment date, I understand that I will be required to schedule another appointment to complete the determination of my eligibility. I understand there is a law providing for imprisonment and/or fine for anyone withholding or giving false information or receiving assistance to which he/she is not entitled. This is to certify the information I have given is correct.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Witness (if signed with "X")

Date

Worker's Signature

Date

Supervisor's Signature

Date