

California Indian Manpower Consortium, Inc. Community Services Block Grant Program

738 North Market Boulevard Sacramento, CA 95834 (916) 564-4053 (800) 432-2724

Fax . (916) 564-2345 TTY . (800) 748-5259

CSBG APPLICATION

The CIMC CSBG Program provides assistance and budget management education to eligible low-income Native American families that live off-reservation in select counties in California.

Housing Assistance Eligible every 24 months	Utility Assistance Eligible every 12 months	Nutrition Assistance Eligible every 3 months	Supportive Services Eligible every 12 months	
Will not be provided if you willfully failed to pay your rent, or if your household income is not enough to pay future month's rent.	Will not be provided if you willfully failed to pay your utility bill(s), or if you received assistance from another agency in the last 12 months.	**Will not be provided if you did not return your receipts and gift cards from your last food assistance, or purchase non-allowable food items.	Will not be provided for non-core curriculum classes.	
"Relocation "Prevent eviction	"Prevent disconnection "Restore service "Deposit "Wood, propane, kerosene		"Employment "Vocational Training "Education	

- 1. Application and Money Management (mail original Application and Money Management so that original signature is on file)
- 2. Indian certification
- 3. Proof of residence/physical address
- 4. All household income, including Cal-Fresh if applicable, for the past six months
- **5.** Additional Documents (as needed)
 - a. Intent-to-rent form (if applying for relocation assistance)
 - b. Pay-or-quit notice (if applying for eviction prevention assistance)
 - c. Disconnection notice (if applying for disconnection prevention assistance)
 - d. 12-month payment history from utility company
 - e. Background information for employment, vocational training, or education

STEP 2: Call 916-564-4053 or 800-432-2724 to confirm that we received your application and supporting documents. An Intake interview will follow.

STEP 3: Receive eligibility decision. If you are eligible for CSBG services, we will let you know what services will be provided based on justification.

- ✓ Submission of an application does not guarantee that services will be provided.
- Documents are checked to confirm information. Receipts may be requested.
- CSBG services may be denied if information provided is false, misleading, or withheld.

RELEASE OF INFORMATION AUTHORIZATION:

I certify by signing this sheet that I have read and understand the above information and hereby give the CIMC CSBG Program authorization to obtain any and all required information in order to complete my application process for assistance.

Applicant Name	County
Applicant Signature	Date

NATIVE AMERICAN? YES NO RESERVATION RESIDENT? Y N CHECK ALL THAT APPLY: SINGLE MARRIED MATIVE AMERICAN? YES NO RESERVATION RESIDENT? Y N CHECK ALL THAT APPLY: SINGLE MARRIED MATIVE AMERICAN? YES NO RESERVATION RESIDENT? Y N CHECK ALL THAT APPLY: SINGLE MARRIED	NAME			BIRTHDATE (MONTH/DAY/YEAR)					
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ARE YOU RELATED TO ANYONE WORKING FOR CIMC OR TO ANY MEMBER OF CIMC\$ BOARD OF DIRECTORS?		_			0.	ADD \$4.190			
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IF YES, STATE NAME AND RELATIONSHIP: HAVE YOU APPLIED FOR ASSISTANCE THROUGH THE CIMC COMMUNITY SERVICES BLOCK GRANT PROGRAM BEFORE? N									
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	IF YES, STATE NAME AND RELATIONSHIP:								
IF YES, LIST COUNTY AND ASSISTANCE:	HAVE YOU APPLIED FOR ASSISTANCE THROUGH THE CI	MC COMMUNITY SERVICES	BLOCK GRANT	PROGRAM BEFORE? ☐	Y 🗆 N				
	IF YES, LIST COUNTY AND ASSISTANCE:								

☐ Client needs BME

PLEASE WRITE NAME, RELATIONSHIP, BIRTHDATE (MM/DD/YY), AGE OF EACH FAMILY MEMBER IN HOUSEHOLD. FAMILY MEMBER RELATIONSHIP BIRTHDATE AGE / / **SELF** / / / / / / / / / / / / / TYPE OF ASSISTANCE REQUESTED. CHECK ALL THAT APPLY. □ HOUSING □ NUTRITION/FOOD □ UTILITY □ EDUCATION □ EMPLOYMENT □ OTHER IN THE SPACE BELOW, WRITE IN DETAIL WHAT HAPPENED THAT CAUSED YOUR CURRENT EMERGENCY SITUATION. I CERTIFY BY SIGNING THIS APPLICATION THAT ALL INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT GIVING FALSE/MISLEADING INFORMATION IS CONSIDERED PERJURY AND MAY BE SUBJECT TO PROSECUTION. I UNDERSTAND THIS APPLICATION MUST BE ACCOMPANIED BY VERIFICATION OF INCOME, RESIDENCY, AND INDIAN ANCESTRY. ALSO BY SIGNING THIS APPLICATION, I HEREBY GIVE PERMISSION TO THE CIMC CSBG PROGRAM TO VERIFY AND OBTAIN ANY INFORMATION NEEDED FOR THE PROCESSING OF THIS APPLICATION. APPLICANT SIGNATURE _____ DATE __

CIMC CSBG PROGRAM: 738 North Market Boulevard. Sacramento, CA 95834-1218 916-564-4053 800-432-2724 TTY: 800-748-5259 Fax: 916-564-2345

ASSISTED BY ___

CSBG ELIGIBILITY SPECIALIST ___

FIELD OFFICE SUPERVISOR __

_ DATE _

__ DATE __

_____ DATE __