



**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.

**Types of Assistance**

<b>Housing Assistance</b> Eligible every 24 months	<b>Utility Assistance</b> Eligible every 12 months	<b>Nutrition Assistance</b> Eligible every 3 months	<b>Supportive Services</b> Eligible every 12 months
Will not be provided if you willfully failed to pay your rent, <b>or</b> 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), <b>or</b> 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, <b>or</b> 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

**STEP 1:**

Submit (by mail, email, or fax)

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 CalFresh 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 \_\_\_\_\_

NAME				BIRTHDATE (MONTH/DAY/YEAR)		
RESIDENCE/STREET ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER (    )	EMAIL ADDRESS
MAILING ADDRESS/ PO BOX		CITY	STATE	ZIP CODE	COUNTY	
M <input type="checkbox"/>	NATIVE AMERICAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		RESERVATION RESIDENT? <input type="checkbox"/> Y <input type="checkbox"/> N		CHECK <b>ALL</b> THAT APPLY: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
F <input type="checkbox"/>	TRIBE:		RESERVATION:		<input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> TWO-PARENT HOUSEHOLD	
				<input type="checkbox"/> DISABLED <input type="checkbox"/> VETERAN		
INDIAN CERTIFICATION: <input type="checkbox"/> BIA-ROLL # _____						
<input type="checkbox"/> TRIBAL - ROLL # _____ <input type="checkbox"/> BIRTH CERTIFICATE _____ <input type="checkbox"/> OTHER _____						
HIGHEST GRADE COMPLETED _____ ARE YOU A STUDENT NOW? <input type="checkbox"/> Y <input type="checkbox"/> N DO YOU HAVE A: <input type="checkbox"/> HS DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE						
MONTHLY EXPENSES: (PLEASE COMPLETE FOR THE PAST MONTH'S EXPENSES) (CIMC USE ONLY: TOTAL \$ _____)						
RENT/ MORTGAGE: \$ _____ ELECTRICITY: \$ _____ HEATING/GAS: \$ _____ GROCERIES: \$ _____						
OTHER: _____						
HOUSEHOLD INCOME: LIST <b>ALL</b> FAMILY HOUSEHOLD INCOME.						<b>CIMC USE ONLY</b>
<u>NAME</u>	<u>RELATIONSHIP</u>	<u>SOURCE OF INCOME</u>	<u>MONTHLY AMOUNT</u>			
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
				TOTAL _____		
				EXEMPT _____		
TANF CASE NO. _____ SSA/SSI CLAIM NO. _____				FAMILY SIZE	GROSS INCOME 6 MONTHS	
EMPLOYED? <input type="checkbox"/> Y <input type="checkbox"/> N IF NO, LAST DAY WORKED: _____				1	\$ 5,940	
IF YES, HOURLY WAGE: _____ HOURS YOU WORK PER WEEK: _____				2	8,010	
DO YOU RECEIVE FOOD STAMPS/COMMODITIES/WIC? <input type="checkbox"/> Y <input type="checkbox"/> N				3	10,080	
MONTHLY AMOUNT: _____ DATE RECEIVED: _____				4	12,150	
DO YOU HAVE MEDICAL/HEALTH INSURANCE? <input type="checkbox"/> Y <input type="checkbox"/> N				5	14,220	
				6	16,290	
				7	18,365	
				8	20,445	
				8+	ADD \$2,080 PER FAMILY MEMBER	
ARE YOU RELATED TO ANYONE WORKING FOR CIMC OR TO ANY MEMBER OF CIMC'S BOARD OF DIRECTORS? <input type="checkbox"/> Y <input type="checkbox"/> N						
IF YES, STATE NAME AND RELATIONSHIP:						
HAVE YOU APPLIED FOR ASSISTANCE THROUGH THE CIMC COMMUNITY SERVICES BLOCK GRANT PROGRAM BEFORE? <input type="checkbox"/> Y <input type="checkbox"/> N						
IF YES, LIST COUNTY AND ASSISTANCE:						

Client needs BME

