

All Documents Must be Emailed to clientdocs@cabra.org or Faxed to 520-466-0013 three days prior to your appointment.

COMMUNITY ACTION HUMAN RESOURCES AGENCY
 109 N. SUNSHINE BLVD., ELOY, ARIZONA 85131
 TEL#(520)466-1112 TOLL FREE 1-877-472-2472~FX#(520)466-0013

CLIENT NAME:	
HH ID#:	CAHRA CLIENT FILE LABEL
A.K.A.	
APP DATE:	CSM/ID#

CLIENT INFORMATION INTAKE FOR SERVICES FORM

WORKER ID:	SITE CODE:	DO YOU LIVE IN PINAL COUNTY? YES <input type="checkbox"/> NO <input type="checkbox"/> (PLEASE CHECK ONE)	TODAY'S DATE:	HOME PHONE # (LAND LINE)
APPLICANT'S NAME [LAST, FIRST, M.I.]:			SSN:	CELL #
STREET ADDRESS, CITY, ZIP CODE:			EMERGENCY PHONE #	
MAILING ADDRESS (IF DIFFERENT)				

~~~~~PLEASE CHECK EVERYTHING THAT APPLIES TO YOU:~~~~~

| CHECK BELOW HOUSING TYPE:                                  | CHECK BELOW FAMILY TYPE:                        |                                             | CHECK BELOW IF ANY HOUSEHOLD MEMBER IS:            | CHECK BELOW HOME BUILDING TYPE:      |                                          | CHECK BELOW HOME SOURCE OF HEATING: |                                | CHECK BELOW HOME SOURCE OF COOLING:         | CHECK BELOW TYPE OF ASSISTANCE YOU ARE SEEKING:     |                                        |
|------------------------------------------------------------|-------------------------------------------------|---------------------------------------------|----------------------------------------------------|--------------------------------------|------------------------------------------|-------------------------------------|--------------------------------|---------------------------------------------|-----------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> OWN                               | <input type="checkbox"/> SINGLE                 | <input type="checkbox"/> NON-RELATED ADULTS | <input type="checkbox"/> MIGRANT FARMWORKER        | <input type="checkbox"/> HOUSE       | <input type="checkbox"/> BOARDER         | <input type="checkbox"/> GAS        | <input type="checkbox"/> WOOD  | <input type="checkbox"/> EVAPORATIVE COOLER | <input type="checkbox"/> 1ST MONTH RENT             | <input type="checkbox"/> RENT EVICTION |
| <input type="checkbox"/> RENT                              | <input type="checkbox"/> TWO ADULTS NO CHILDREN | <input type="checkbox"/> W/CHILDREN         | <input type="checkbox"/> HOMEBOUND                 | <input type="checkbox"/> APARTMENT   | <input type="checkbox"/> SHELTER         | <input type="checkbox"/> OIL        | <input type="checkbox"/> COAL  | <input type="checkbox"/> AIR CONDITIONING   | <input type="checkbox"/> MORTGAGE                   | <input type="checkbox"/> FORECLOSURE   |
| <input type="checkbox"/> OTHER PERMANENT HOUSING           | <input type="checkbox"/> FEMALE SINGLE PARENT   | <input type="checkbox"/> MULTI GENERATIONAL | <input type="checkbox"/> FARM WORKER (NOT MIGRANT) | <input type="checkbox"/> TOWNHOUSE   | <input type="checkbox"/> SECTION 8 HOUSE | <input type="checkbox"/> PROPANE    | <input type="checkbox"/> OTHER |                                             | <input type="checkbox"/> MOTEL NIGHT                | <input type="checkbox"/> UTILITY       |
| <input type="checkbox"/> HOMELESS                          | <input type="checkbox"/> MALE SINGLE PARENT     | <input type="checkbox"/> HOUSEHOLD          | <input type="checkbox"/> SEASONAL FARMWORKER ONLY  | <input type="checkbox"/> DUPLEX      | <input type="checkbox"/> CONVENTIONAL    | <input type="checkbox"/> ELECTRIC   |                                |                                             | <input type="checkbox"/> UTILITY DEPOSIT ASSISTANCE |                                        |
| <input type="checkbox"/> TEMPORARY LIVING W/FAMILY/FRIENDS | <input type="checkbox"/> TWO PARENT HOUSEHOLD   | <input type="checkbox"/> OTHER              |                                                    | <input type="checkbox"/> MOBILE HOME | <input type="checkbox"/> SUBSIDIZED      |                                     |                                |                                             | <input type="checkbox"/> OTHER:                     |                                        |
| <input type="checkbox"/> PUBLIC HOUSING/SECTION 8          |                                                 |                                             |                                                    |                                      |                                          |                                     |                                |                                             |                                                     |                                        |

|                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Was anyone in your household assisted with any of the above types of assistance by any church, agency, family or other organization in the last 14 months? YES <input type="checkbox"/> NO <input type="checkbox"/> . If yes, please list below: | Do you currently on your home? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, does your home need any repairs? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list below. |
| Date: _____                                                                                                                                                                                                                                      | Repairs Needed:                                                                                                                                                                                                      |
| Organization Name: _____                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |
| Assisted With: _____                                                                                                                                                                                                                             |                                                                                                                                                                                                                      |
| Assistance Amt: \$ _____                                                                                                                                                                                                                         |                                                                                                                                                                                                                      |

|                                                                                                             |                            |                        |                                                                                         |                                   |
|-------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|-----------------------------------------------------------------------------------------|-----------------------------------|
| LANGUAGE: ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: <input type="checkbox"/> | NUMBER IN HOUSEHOLD: _____ | NUMBER EMPLOYED: _____ | MONTHLY RENT <input type="checkbox"/> MORTGAGE: <input type="checkbox"/> COST: \$ _____ | MONTHLY UTILITIES (all): \$ _____ |
|-------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|-----------------------------------------------------------------------------------------|-----------------------------------|

**(SHADED AREA BELOW FOR OFFICE USE)**

|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                       |                      |  |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| INCOME INFORMATION: PRIOR 30 DAYS FROM APPLICATION DATE (INCLUDING APPLICATION DATE):                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                       | TO APPLICATION DATE: |  | AHCCS...RX DISCOUNT CARD<br>WIC... FOODBOX? Y or N<br>DATE RECEIVED:<br>HOUSING SUBSIDY...TAP...LIFELINE... STDP<br>UTILITY DISCOUNT PROGRAMS ENROLLED IN:<br>APS-E3... SWG-LIRA..... SRP.....<br><u>INCOME TAX REFUND RECEIVED:</u><br>Y or N<br>DATE: _____ AMT \$ _____ | <p align="center"><b>Please note that completing this document does not guarantee assistance. You must be eligible for the program to qualify. If you are completing this form online, please call the office at 520-466-1112 to request an appointment prior to completing this document.</b></p> |
| <b>(30<sup>TH</sup> DAY):</b><br>TYPE OF INCOME FOR LAST 30 DAYS (GROSS ONLY-NOT TAKE HOME)<br>WAGES / SALARY \$ _____<br>SELF EMPLOYMENT \$ _____<br>UNEMPLOYMENT \$ _____<br>WORKMAN'S COMP \$ _____<br>ALIMONY/CHILD SUPPORT \$ _____<br>CASH ASSISTANCE \$ _____<br>GRANT DIVERSION \$ _____<br>SOCIAL SECURITY \$ _____<br>SSI \$ _____ | RETIRE/PENSION \$ _____<br>DIV/INTEREST \$ _____<br>VETERAN BENEFITS \$ _____<br>NO INCOME \$ _____<br><b>TOTAL INCOME:</b> \$ _____<br><u>OTHER RESOURCES</u><br>Circle programs you receive:<br>FOOD STAMPS \$ _____<br>If no, have you applied? Y or N DATE: _____ |                      |  |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                    |

## HOUSEHOLD MEMBERS INFORMATION

| EDUCATION                                                                                                      | RACE/ETHNICITY                                                  | MEDICAL INSURANCE                                                              | DISABILITY STATUS | EMPLOYMENT STATUS                | MARITAL STATUS           | RELATION TO HEAD OF HOUSEHOLD |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------|----------------------------------|--------------------------|-------------------------------|
| 0=0-8 <sup>TH</sup> GRADE                                                                                      | AS=ASIAN                                                        | MA=MEDICAID/AHCCCS                                                             | C=COGNITIVE       | F=FULL TIME                      | N=NEVER MARRIED/SINGLE   | H=HEAD OF HOUSEHOLD           |
| 9=9-12 <sup>TH</sup> GRADE(NON-GRAD)                                                                           | N=NATIVE HAWAIIAN/OTHER PAC ISLANDER                            | MC=MEDICARE                                                                    | H=HEARING         | P=PART TIME                      | M=MARRIED                | S=SPOUSE                      |
| H=HIGH SCHOOL GRAD/GED                                                                                         | B=BLACK/AFRICAN AMERICAN                                        | SC=STATE CHIP                                                                  | D=DEAF            | M=MIGRANT SEASONAL               | S=SEPARATED              | C=CHILD                       |
| I2=I2+SOME POST SEC                                                                                            | W=WHITE                                                         | SI=STATE INS FOR ADULTS                                                        | S=SPEECH          | UL=UNEMPLOYED 6 MTH OR LESS      | D=DIVORCED               | F=FOSTER CHILD                |
| 2=2 YR COLLEGE GRADUATE                                                                                        | AA=AMERICAN INDIAN OR ALASKA NATIVE                             | M=MILITARY                                                                     | V=VISUAL          | UP=UNEMPLOYED 6 MTH PLUS         | W=WIDOWED                | GC=GRANDCHILD                 |
| 4= 4 YR COLLEGE GRADUATE                                                                                       | AM=AMERICAN INDIAN OR ALASKA NATIVE & WHITE                     | DP=DIRECT PURCHASE                                                             | M=MENTAL ILLNESS  | UN=UNEMPLOYED-NOT IN LABOR FORCE |                          | P=PARENT                      |
| GP=GRADUATE OF OTHER POST-SECONDARY SCHOOL                                                                     |                                                                 | EB=EMPLOYMENT BASED                                                            | O=ORTHOPEDIC      |                                  |                          | GP=GRANDPARENT                |
|                                                                                                                | AW=ASIAN & WHITE                                                | N=NO HEALTH INSURANCE                                                          | OT=OTHER          | R=RETIRED                        | <b>VETERAN STATUS</b>    | O=OTHER RELATION              |
|                                                                                                                | BO=BLACK OR AFRICAN AMERICAN & WHITE                            | IH=INDAIN HEALTH INS                                                           | N=NONE            | C=CONTRACT                       | V=VETERAN                | NR=NOT RELATED                |
| <b>CITIZENSHIP STATUS</b>                                                                                      | AI=AMERICAN INDIAN OR ALASKA NATIVE & BLACK OR AFRICAN AMERICAN | CLIENT NAME:<br>HH ID#: CAHRA CLIENT FILE LABEL<br>A.K.A.<br>APP DATE: CSM/ID# |                   | T=TEMPORARY                      | A=ACTIVE MILITARY        | AC=ADULT CHILD                |
| U=US BORN/NATURALIZED                                                                                          |                                                                 |                                                                                |                   | I3=I3 YRS OR YOUNGER             | N=NO MILITARY BACKGROUND |                               |
| E=ELIGIBLE LEGAL RESIDENT                                                                                      | M=MULTI RACIAL                                                  |                                                                                |                   |                                  |                          |                               |
| NE=NON-ELIGIBLE LEGAL RES                                                                                      | H=HISPANIC OR LATINO OR SPANISH ORIGIN                          |                                                                                |                   |                                  |                          |                               |
| I=ILLEGAL RESIDENT                                                                                             | O=OTHER                                                         |                                                                                |                   |                                  |                          |                               |
| <b>DISCONNECTED YOUTH STATUS:</b> Individuals ages 14 thru 24 who are not employed or are not attending school |                                                                 |                                                                                |                   |                                  |                          |                               |

### BELOW PLEASE FILL OUT INFORMATION FOR ALL HOUSEHOLD MEMBERS (EACH):

| SOCIAL SECURITY NUMBER | (LAST NAME, FIRST NAME, MIDDLE INITIAL) | G<br>E<br>N<br>D<br>E<br>R | BIRTHDATE | AGE | EDUCA<br>TION | CITIZEN<br>STATUS | RACE | MEDICAL<br>INSUR-<br>ANCE<br>TYPE | DISABILITY<br>(PLEASE<br>SELECT<br>STATUS<br>FROM<br>ABOVE) | EMPLOY<br>MENT<br>STATUS: | MARITAL<br>STATUS | RELATION<br>TO<br>HEAD<br>OF<br>HOUSE<br>HOLD | VETERAN<br>STATUS | DISCON-<br>NECTED<br>YOUTH<br>Y or N | PREG-<br>NANT<br>TEEN<br>Y or N |
|------------------------|-----------------------------------------|----------------------------|-----------|-----|---------------|-------------------|------|-----------------------------------|-------------------------------------------------------------|---------------------------|-------------------|-----------------------------------------------|-------------------|--------------------------------------|---------------------------------|
| 1) APPLICANT<br>-- --  |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 2)<br>-- --            |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 3)<br>-- --            |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 4)<br>-- --            |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 5)<br>-- --            |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 6)<br>-- --            |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 7)<br>-- --            |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 8)<br>-- --            |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 9)<br>-- --            |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 10)<br>-- --           |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 11)<br>-- --           |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 12)<br>-- --           |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |
| 13)<br>-- --           |                                         | M<br>F                     | -- --     |     |               |                   |      |                                   |                                                             |                           |                   |                                               |                   |                                      |                                 |





**COMMUNITY ACTION HUMAN RESOURCES AGENCY**  
**109 N. SUNSHINE BLVD., ELOY, ARIZONA 85131 / PH# (520)466-1112 FAX# (520)466-0013**

**PLEASE READ AND SIGN THE FOLLOWING STATEMENT:**

I swear and affirm that the information on this form is true and correct to the best of my knowledge. With my signature below, I also affirm that I understand that CAHRA is a delegate agency/contract designee of the State of Arizona and the Arizona Department of Economic Security (reference application Statement of Truth).

I understand that the information provided will become a permanent file with access limited to representatives of CAHRA and that no information obtained from this form and/or application shall be made public in such a manner that my dwelling or household can be identified.

I understand that I may request a Fair Hearing orally or in writing if I disagree with any action taken on my case. I understand that anyone who violates the provisions of the Low Income Energy Assistance and/or Community Services Programs or knowingly provide false information in any report require under it, may be fined not more than \$10,000 or imprisoned no more than five years or both (Chapter 11, Title 45 cfr 260.3541).

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CASE MANAGER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I confirm that the Home Energy-Savings Checklist Brochure provided to me was reviewed with me.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CASE MANAGER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

|              |                         |
|--------------|-------------------------|
| CLIENT NAME: |                         |
| HH ID#:      | CAHRA CLIENT FILE LABEL |
| A.K.A.       |                         |
| APP DATE:    | CSM/ID#                 |

**APPLICANT**

**Community Action Human Resources Agency**

109 N. SUNSHINE BLVD. ~ Eloy, Arizona 85131 / Phone: 520/466-1112 ~ Fax: 520/466-0013

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, understand that it may be necessary for  
(Client Name/Please Print)  
the COMMUNITY ACTION HUMAN RESOURCES AGENCY (CAHRA) and/or authorized agents to obtain information from other agencies and entities in order to make me eligible for assistance I have requested.

Accordingly, I authorize and request any public, governmental or private institution and its authorized agents including, but not limited to:

- ◆ Other Social Services agents
- ◆ Military personnel
- ◆ Physicians
- ◆ Utility companies
- ◆ Hospitals
- ◆ Governments
- ◆ Employers
- ◆ Credit Bureaus
- ◆ Landlords & their agents
- ◆ Advocacy agencies
- ◆ Social Security Administration

To furnish to CAHRA or its authorized agents any and all information which it may request in the form of oral or written reports, opinions, findings, personnel and employment records, military records, credit records, all medical records, statement of charges, or rental records regarding any incident about which you may have knowledge of, information or access to, or about which you may have rendered services and/or consultation.

Please provide the following information to CAHRA:

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I, THE UNDERSIGNED Client, also understand that it may be necessary for CAHRA, or its authorized agents to release information obtained from me to authorized sources to other assistance programs in order to obtain assistance through CAHRA.

Though I hereby waive any privilege I have to this information to CAHRA, you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential communication statutes).

A photostatic copy, fax copy, or other chemical reproduction of this authorization shall serve in its stead.

**THIS CONSENT, UNLESS EXPRESSLY REVOKED EARLIER, Expires upon:**

(Specify date, event, or condition upon expiration)

Client Signature:

(Date)

Social Security #:

Date of Birth:

Parent/Guardian or Legal Representative Signature:

(circle relationship to client)

(Date)

Case Manager Signature:

Case Manager Name/ID#:

/

(Please Print)

**OTHER ADULT IN  
HOUSEHOLD**

**Community Action Human Resources Agency**

109 N. SUNSHINE BLVD. ~ Eloy, Arizona 85131 / Phone: 520/466-1112 ~ Fax: 520/466-0013

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(Date)

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Date of Birth: \_\_\_\_\_

Parent/Guardian or Legal Representative Signature: \_\_\_\_\_

(circle relationship to client)

(Date)

Case Manager Signature: \_\_\_\_\_

Case Manager Name/ID#: \_\_\_\_\_

/

(Please Print)

# COMMUNITY ACTION HUMAN RESOURCES AGENCY (CAHRA)

109 N. SUNSHINE BLVD., ELOY, AZ 85131 ~ TEL# (520)466-1112 / TOLL FREE# (877)472-2472 / FAX# (520)466-0013

## Case Management Program Participation Agreement (APPLICANT PLEASE READ/SIGN)

The most important service CAHRA provides is case management. *Financial assistance is part of a case management plan.* If you do not participate in case management, we may not assist you, or how assistance is provided may be affected. If you agree to participate in case management and then do not complete your case plan, we may choose to provide no further assistance to your household.

### ◇ Why can't you just pay my bill?

We have learned that not having enough money to pay your bills is not always the "real" problem. Something is happening that causes you not to have enough money to pay your bills — and together we need to figure out what that is. Once we know why, then we can figure out ways to make sure the same problem doesn't keep happening.

### ◇ How are you going to figure out why I need money?

First we want to talk to you about your household in general. And, in working with you, we are going to complete a self-sufficiency matrix. The matrix tells us how well you and your family, are able to meet basic needs. You will be a partner in each activity. **We are not going to tell you about your situation.** We will discuss it together. You and the case manager will come up with answers that you both agree on. We want the opportunity to do things with you — not for you or to you.

### ◇ What happens next?

We are going to offer you and your family the opportunity to enter into our case management program. That means that you and the case manager are going to talk about what changes you want to make, like going back to school, finding a better job, getting counseling. You and your case manager will come up with ways to make the changes **you want**. It might take up to six months, but your case manager will work with you during all that time.

### ◇ When do I get money to pay my bills?

We want to make sure that you don't lose your utility service or get evicted. But, we also want to make sure that you and your household are going to take action so that you will correct whatever is causing your problems. Creating your case management plan is always the first step. Paying your bills is a part of that process. If necessary, we will try to help you get extensions on your bills until we can arrive at a decision about the best way to help you.

### ◇ Don't you have to pay my bills?

*None of the funds provided to us are "entitlement" dollars. This means that we have the final decision whether or not assistance is provided. And that decision is based on whether or not you participate in case management.*

### ◇ Why wouldn't you want to help me?

Helping doesn't always mean paying your bill. If we don't pay your bill, we will try to help you solve the problems in some other ways. Sometimes the best way to help a family is working with you to find a better job, get more education, or to help solve some problems that are keeping you from working or taking care of your family.

### ◇ What happens if I don't complete my case management plan?

The case management plan is an agreement between you and your case manager and this Agency. Just like a contract, each party agrees to fulfill specific obligations. If your case manager does not follow through or if you have concerns about how your case manager is working with you, you have the right to file a complaint with the Community Services Manager. If you do not follow through with your part of the case management plan, then we may choose not to assist you in the future.

It is to your advantage to work with your case manager to complete the goals and objectives that you both develop. It will ensure that if you have a financial shortfall while you are working on your plan, you can be assisted. It will also help to insure a better life for you and your family.

I have read, understand and agree to participate in the case management plan program above:

APPLICANT SIGNATURE:

DATE

CLIENT NAME:  
HH ID#: CAHRA CLIENT FILE LABEL  
A.K.A.  
APP DATE: CSM/ID#



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**APPLICANT COPY**

## EMPLOYER/SOURCE DETAIL INFORMATION:

|              |                         |
|--------------|-------------------------|
| CLIENT NAME: |                         |
| HH ID#:      | CAHRA CLIENT FILE LABEL |
| A.K.A.       |                         |
| APP DATE:    | CSM/ID#                 |

|                                      |                                                                                           |
|--------------------------------------|-------------------------------------------------------------------------------------------|
| <b>1</b>                             |                                                                                           |
| <b>Employee / Member Name:</b>       |                                                                                           |
| <b>Employer/Source Name:</b>         |                                                                                           |
| <b>Employer/Source Phone Number:</b> |                                                                                           |
| <b>Employer/Source Address:</b>      | Street / Mail Address                                                                     |
|                                      | City <span style="float: right;">State <span style="float: right;">Zip Code</span></span> |
|                                      |                                                                                           |
| <b>2</b>                             |                                                                                           |
| <b>Employee / Member Name:</b>       |                                                                                           |
| <b>Employer/Source Name:</b>         |                                                                                           |
| <b>Employer/Source Phone Number:</b> |                                                                                           |
| <b>Employer/Source Address:</b>      | Street / Mail Address                                                                     |
|                                      | City <span style="float: right;">State <span style="float: right;">Zip Code</span></span> |
|                                      |                                                                                           |
| <b>3</b>                             |                                                                                           |
| <b>Employee / Member Name:</b>       |                                                                                           |
| <b>Employer/Source Name:</b>         |                                                                                           |
| <b>Employer/Source Phone Number:</b> |                                                                                           |
| <b>Employer/Source Address:</b>      | Street / Mail Address                                                                     |
|                                      | City <span style="float: right;">State <span style="float: right;">Zip Code</span></span> |
|                                      |                                                                                           |
| <b>4</b>                             |                                                                                           |
| <b>Employee / Member Name:</b>       |                                                                                           |
| <b>Employer/Source Name:</b>         |                                                                                           |
| <b>Employer/Source Phone Number:</b> |                                                                                           |
| <b>Employer/Source Address:</b>      | Street / Mail Address                                                                     |
|                                      | City <span style="float: right;">State <span style="float: right;">Zip Code</span></span> |
|                                      |                                                                                           |



