

## APPLYING FOR CASI SERVICE FORM

Any employee and/or Board Member seeking *CASI* service(s) <u>must have prior</u> <u>approval</u> from our agency's Executive Director before applying for service(s)

☐ Employee ☐ Board Member ☐ Relative  Please Check the following Service(s)	
☐Housing Choice Voucher	☐Life Literacy Academy
☐ Weatherization	☐Indiana Development Account
☐ Family Development & Crisis Assistance	ce COVID-19 Emergency Relief Fund
☐ Indiana Minority Health Initiative & Minority Tobacco	
I attest that all Information provided for service of the above is true and accurate. Any employee providing false Information will receive disciplinary actions.	
Name of Person Applying:	Date:
8	Board Member □Relative
(APPROVING AUTHORITY)	
Approval of Executive Director	Date
Interviewer	Date
(APPROVING AUTHORITY)	
Program Manager	Date
Executive Director / Human Resource	Date

In compliance with state and federal laws, Community Action of Southern Indiana will not discriminate on the basis of race, color, national origin, age, sex, veteran's status, sexual orientation, marital status.