



COVID- 19 Emergency Relief Fund Application

First Name:	Last Name:	Birthday:	Gender:
Applicant's Physical Address:		City	State
		Zip Code	
<hr/>			
Telephone: Home ()	-	Cell ()	-
Other ()	-	Work ()	-
Email:			

Are you a C.A.S.I. Employee or a C.A.S.I. Board Member? Yes _____ or No _____

Was the Applying for Services Form Completed? Yes _____ or No _____

Are you related to any current C.A.S.I. employee? Yes _____ or No _____

Was the Applying for CASI Services Form completed? Yes _____ or No _____

Number of Family Members in Household- Including Applicant

(Circle Answer): 1 2 3 4 5 6 7 8 or more

Gender (Male/ Female): _____ Males _____ Females _____ Other or Unknown

(List Total Number of All Household Family Members)

Ages List the number of household family members in the following:

0-5 _____ (Number of Household Family Members in this Category)
 6-11 _____ (Number of Household Family Members in this Category)
 12-17 _____ (Number of Household Family Members in this Category)
 18-23 _____ (Number of Household Family Members in this Category)
 24-44 _____ (Number of Household Family Members in this Category)
 45-54 _____ (Number of Household Family Members in this Category)
 55-69 _____ (Number of Household Family Members in this Category)
 70 & Older _____ (Number of Household Family Members in this Category)

Ethnicity

Hispanic, Latino or Spanish Origins _____

Not Hispanic, Latino or Spanish Origins _____

(Number of Household Family Members in this Category)

Race List the number of household family members in the following:

White _____ Black or African American _____ Asian _____

American Indian or Alaska Native _____ Multi Race (Any 2 or more races) _____

Native Hawaiian & Other Pacific Islander _____ Other: _____

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 or disability or other legally protected status.

Adult Education (Those 24 Years of Age and Older/ Number of Household Family Members in This Category)

0-8 _____ 9-12/ Non Graduate _____ High School Graduate/ GED _____
 12 + Some Post-Secondary _____ 2 or 4 Years of College Graduate _____

Other Characteristics List the number of household family members in the following:

Health Insurance (Has It) _____ Disabled _____ Veterans _____

Family Type Only Pick One for Your Family

Single Parent Female _____ Single Parent Male _____ Two Parent Household _____
 Single Person _____ 2 Adults No Children _____ Other _____

Family Size Only Pick One for Your Family

One _____ Two _____ Three _____ Four _____ Five _____
 Six _____ Seven _____ Eight or More _____

Housing Only Pick One for Your Family

Own _____ Rent _____ Homeless _____ Other _____

Source of Income Pick One or More for Your Family

No Income _____
 TANF _____ SSI _____ Social Security _____ Pension _____
 Unemployment _____ Employment Only _____ Veterans Benefit _____
 Other _____

Income

*It is requested that you provide the past two months (i.e. 8 weeks) of income.

Has your household income decreased due to COVID-19? Yes _____ or No _____

Has your household had an increase in medical expenses due to COVID-19?

Yes _____ or No _____

Does your household receive SNAP benefits (food stamps)? Yes _____ or No _____

Please indicate your requested assistance from CASI (checkmark the service).

- ☐ **Water** ☐ **Sewage** ☐ **Electric** ☐ **Unsubsidized Rent** ☐ **Renter Deposit**
- ☐ **Mortgage** ☐ **Home Repair (AC Unit or Stove/ Oven)** ☐ **Car Repair**
- ☐ **Gas Card** ☐ **Bus Pass** ☐ **Medical Bill** ☐ **Groceries**

*All services will require an invoice or estimate except the gas card, bus pass, and groceries assistance.

I certify this information is correct and truthful. Please understand that this form gives the Emergency Relief Fund Program staff permission to contact your service provider(s) to discuss the reason for assistance, obtaining verbal/written balance owed and payments received from you or other social service providers, and confirmation that your family can sustain the service using C.A.S.I.'s financial assistance.

Applicant's Signature: _____

Date: _____

Please return completed application packets to 201 E. 15th St. Jeffersonville, Indiana 47130. We have a black mailbox located near our main entrance. Questions regarding the application process can be directed to Angelica Perez (812-288-6451 ext. 2173) or Maria Waters (812-288-6451ext. 2111 or crisisassistance@casi1.org).

