

COVID-19 Emergency Relief Fund Policy (Customers' Version)

CSBG CARES Act

C.A.S.I. has taken the position to help those with crisis needs.

* Crisis is defined as a financial shortfall created by COVID-19 external factors that offset the day-to-day functions of a family/individual's living conditions (i.e. prevention of utilities' disruption/ reconnection- electric; water and sewage; housing- unsubsidized rent /deposits and mortgage payments; home repairs- AC units and stove/ oven; transportation- car repair, gas card, bus pass; medical bill; and groceries).

COVID-19 Emergency Relief Fund (Procedures)

- Eligibility for the COVID-19 Emergency Relief Fund is determined by income according to the Federal Poverty Index Level of 200%, decreased/ loss of employment or other income, at risk or loss of health insurance and must be a resident in our local coverage areas.
*Customers cannot receive our service with other local or state financial assistance. Customers are required to provide proof of residency (i.e. lease, mortgage statement and etc.). *C.A.S.I. employees are eligible for assistance.
- Maximum benefit amount is limited to \$500 per household per requested service, except our gas card (\$100), bus pass (\$100), medical bill (\$200), and groceries (\$100). They may apply for a different category of assistance, but applications will be placed at the end of the stack for that month.
- Assistance will only be provided Monday through Friday until the funds are depleted.
- Customers must complete the COVID-19 Emergency Relief Fund Application, sign the Relative(s) Applying for CASI Services form (when a customer is related to a current C.A.S.I. employee), sign the Employees Applying for CASI Services form (C.A.S.I.'s employee's only), provide photo identification for adults 18 years of age and older (if available), sign C.A.S.I.'s Income Verification Form, complete the COVID-19 Emergency Relief Fund Income Verification Affidavit form adults 18 years of age and older (those zero income or undocumented income), submit proof of income, provide lease or mortgage statement & etc. , submit bill or invoice for requested service, sign the COVID-19 Emergency Relief Fund policy, provide information for the Family Development Matrix (during time of assistance), complete and sign the Receipt of Services Provider(s) Check(s) form (when customers decide to take the check to their service provider). Referrals for extra resources can be made per a customer's request. The COVID-19 Emergency Relief Fund Referral & Consent Form can be provided to a customer. Additional documentation may be requested on a case by case basis.

- Customers are giving permission for the COVID- 19 Emergency Relief Fund staff to communicate through fax, telephone, email, and mail with their service providers regarding billing and payment information. We also have permission to obtain documentation on your behalf.
- Indiana Family Development Specialists (I.F.D.S.) has the ability to determine crisis needs and permission to start the check request process to assist customers in crisis. The Lead I.F.D.S. will review the paperwork and will decide if the check request should continue its process. If approved, then the Lead I.F.D.S. will sign her/his signature in the “Approved By” section on the check request. If a customer is not approved then the Lead I.F.D.S. will contact the customer to provide an explanation. The Executive Director has ultimate authority to approve or disapprove check requests.
- The Finance Division will promptly provide the checks to the I.F.D.S. The customers can have the checks mailed to their service providers or they can pick them up (i.e. their responsibility to deliver to their service providers). These customers will sign a separate form- Receipt of Service Provider(s) Check(s) too.
- No cash will be provided under any circumstances. All checks are made payable to the institution providing the service. Checks are not made payable to customers seeking assistance.

When you sign the COVID-19 Emergency Relief Fund Policy, you are acknowledging your acceptance of everything listed in this policy. Customer’s
 Signature: _____ 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 or disability or other legally protected status.

Revised by M. Waters on 9/14/2020