

Montelores Emergency Assistance Coalition (MEAC)

Please call 970-564-1195 for any additional questions ask for MEAC Specialist.
Please make sure to complete paperwork and use the checklist, see below for required documents.

- Completed MEAC application:** Bring completed application to schedule your appointment for assistance request (any questions please refer to MEAC Specialist).
- Valid Colorado Identification Card or Driver's License:** for all adults (persons over 18 years old) in the household.
- Proof of income:** 30 days proof of all household income.

TYPES OF FUNDING REQUEST:

- For rent/security deposit assistance:** A signed statement from the property owner with their contact details, and may need to include a statement that if no payment is received the applicant/family will be evicted. *As part of some program-funding requirements, it is mandatory that a follow-up appointment at the place of residence must be completed after approval; prior to disbursement of funds.*
- For utility assistance:** Shut-off notice and/or your past due bill.
- For motor vehicle insurance/ payment assistance:** (vehicle cannot be more than 10 years old). Current registration, proof of insurance and statement.
- For car repair (vehicle cannot be more than 10 years old):** Two estimates for the repair and proof of ownership. Current registration, proof of insurance.
- For medical or dental assistance:** A medical statement/bill from your doctor or dentist.

WHAT IS MEAC:

We are a multi-agency board with efforts aimed to provide ONE TIME emergency assistance (per year) to individuals or families facing extreme financial crises whom are unable to access other funding sources to assist with the crisis and who are residents of Montezuma and Dolores Counties. Anyone person(s) over 18 in the household, must have valid Colorado ID or Driver’s License.

WHO IS MEAC:

The MEAC board currently includes the following community partners: The Montezuma County/Dolores County Departments of Social Services, The Piñon Project, Montezuma County Housing Authority, the Salvation Army, Montezuma County Probation Departments, Axis Health System, and the Bridge Emergency Shelter. The Piñon Project provides facilitation/ administrative services. Other agencies are encouraged to participate and may contact the MEAC Specialist for more details.

PURPOSE:

The purpose of funding is to assist with providing one-time emergency financial assistance to individuals/families who are usually self-sufficient and are unable to meet urgent payment for rent, utility bills, car repairs, medical assistance, and similar needs. The MEAC program has established a community collaboration advisory board in efforts to assist with the duplication of aid due to limited funding for area agencies.

FUNCTION/PROCESS:

Human service case manager(s) can refer applicant(s) or an individual /families may come to The Pinon Project directly for an application at the front desk. The applicant requesting assistance will then meet with the MEAC Specialist to review paperwork and reason for assistance prior to advocating during the weekly MEAC board meeting. The MEAC Board will meet weekly to consider applications and to determine the type and amount of assistance, once approved by the MEAC Board. MEAC Specialist will contact applicant after completed application is reviewed and processed by the MEAC Board.

FINANCIAL AWARD(S):

Vendors will receive payments; not to the individual/family, and subject to approval/amount may be different from request dependent of board decision.

RESTRICTIONS:

An applicant is limited to one time assistance from MEAC annually, and is not a guarantee of payment without board approval. Determination of funding limitations are by contract/agency restrictions on types/amounts of funding assistance provided and availability.

APPLICANT ELIGIBILITY:

A valid Colorado ID/Driver’s License needed to process some ID funding, check with MEAC Specialist to determine funding guidelines. Limitation to residents of Dolores and Montezuma Counties.

CONFIDENTIALITY:

All applicant information is completely confidentiality without expressed written permission through an ROI (Release of Information). An ROI is utilized to verify application information to process application and support collaboration. The Homeless Management Information System (HMIS) portion of the application for Housing assistance, energy and other assistance excluded. Failure to provide requested information for HMIS will not deny fair application process or services.

GRIEVANCES:

Applicants who feel they have a grievance; may access a grievance procedure by calling The Piñon Project Executive Director at 970-564-1195.

(Initial) ____ I have read and understand the above about the proceedings of the MEAC application process, and agree to follow these procedures.

Client Signature

Date

Staff Member Signature

Date

The Piñon Project Information Consent

To evaluate the effectiveness of our programs, the Colorado Health Foundation and the Family Resource Center Association are requesting your permission for us to enter the information below into the Efforts to Outcomes (ETO) database.

This information is never shared with anyone and no identifying information will ever appear in any reports. If you should decline to share your information you and/or your family will not be denied services.

Your name: _____ **Agree to Provide Information? (please circle one):** Yes No

Adult Information:

- | | |
|--|--|
| <p>1) Date of Birth:</p> <p>2) Gender: Male Female Transgender</p> <p>3) Race/Ethnicity (circle as many as apply):</p> <ul style="list-style-type: none"> * American Indian or Alaska Native * Asian * Black or African American * Hispanic or Latino * White * Native Hawaiian or Other Pacific Islander * Declined to Answer | <p>4) County of Residence:</p> <p>5) Total Number of Household Members (including yourself): _____</p> <p>* Definition: Number of children and adults (including yourself) living in your household who are directly related to you by birth, marriage, or adoption</p> <p>6) Household Income (monthly): \$ _____</p> <p>* Definition: Before tax income and does not include capital gains or noncash benefits such as public housing, Medicaid, and food stamps</p> |
|--|--|

Applicant name (First, Middle, Last)	Age	Date of Birth	Male or Female	Marital Status	Social Security Number	Race/Ethnicity
Co-Applicant's name (First, Middle, Last)						
Names of others living in household (First, Middle, Last)						

Mailing Address: _____

Physical Address: _____

Email Address: _____ **Phone:** _____ **Call or Text (Circle one)**

Parent's Name: _____ **Parent/Guardian/Head of Household Signature:** _____

Eligibility Documentation for The Piñon Project

The Department of Human Services requires Pinon Project to obtain the following information from all program participants for funding purposes. The following information provided to The Piñon Project by the use of this form is confidential; and it will not limit or prevent any child's participation. Thank you for your cooperation.

Answer the following questions by checking YES or NO

Is/are the children either a US citizen, or legally residing in the US? YES ___ NO ___
Is your household income more than \$75,000 annually? YES ___ NO ___

By signing this form, you are affirming that the above information is true and correct to the best of your knowledge.

Parent/Guardian Signature

Date

EMPLOYMENT HISTORY: Please provide the last 2 years of employment

APPLICANT EMPLOYMENT STATUS:

Employed?

Employer: _____ How long at this job? _____

Employer: _____ How long at this job? _____

Unemployed?

If not employed, explain: _____

How long have you been unemployed? _____ Have you applied for unemployment? _____

Your previous employer: _____ Dates worked: _____

Reason for leaving: _____

CO-APPLICANT EMPLOYMENT STATUS:

Employed?

Employer: _____ How long at this job? _____

Employer: _____ How long at this job? _____

Unemployed?

If not employed, explain: _____

How long have you been unemployed? _____ Have you applied for unemployment? _____

Your previous employer: _____ Dates worked: _____

Reason for leaving: _____

ENERGY INFORMATION (Please answer these questions only if you have requested help with your gas, electric, or propane bill.)

1. Has an agency other than LEAP paid a utility bill in Colorado for you during this heating season (Oct-Sept)?
 Yes No

Agency Name: _____

Church Name: _____

2. What is your main source of heat? Please circle one: electric/propane/wood/pellets/natural gas/other

3. Have you applied for LEAP? Yes No

4. When did you receive help? Year/Month _____

5. How many bedrooms are in your home? _____

Monthly Household Income – For ALL household members

	Applicant	Co-Applicant	Child/Other
Employment	\$ _____	\$ _____	\$ _____
TANF	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____
SSDI	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
OAP/A&D	\$ _____	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	\$ _____
Worker's Comp	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Tribal	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total gross monthly income:	\$ _____	\$ _____	\$ _____
Total net monthly income:	\$ _____	\$ _____	\$ _____

Monthly Household Expenses - For All household members

Rent	\$ _____	Vehicle Ins	\$ _____	Furniture	\$ _____
Mortgage	\$ _____	Child Care	\$ _____	Tobacco	\$ _____
Lot Rent	\$ _____	Child Support	\$ _____	Pet Food	\$ _____
Gas	\$ _____	Car Payment	\$ _____	Pay Day Loan	\$ _____
Electric	\$ _____	Credit cards	\$ _____	Health Ins	\$ _____
Food	\$ _____	Fines	\$ _____	Hygiene items	\$ _____
Water	\$ _____	Vehicle Gas	\$ _____	Other	\$ _____
Phone	\$ _____	Internet	\$ _____		
Medical Bills	\$ _____	Cable	\$ _____		

Total monthly expenses: \$ _____

Are any of the above expenses past due? Yes No

Housing Information

New Home Address (if moving into new residence) _____

Current Physical and Mailing Address (if different) _____

City _____ State: CO Zip: _____ Home/Message Phone: _____

How long have you lived at this address? _____ Have you previously lived in Montezuma/Dolores County? When? _____ Where? _____ How Long? _____

Type of current housing situation? (Circle one) HOME / APARTMENT / MOBILE HOME

Do you own your home or do you rent? (Please circle one) Rent Own

Family Information

Have you ever received services under a different name? (Please circle one) Yes/ No / Don't Know / Refused

Name Used? _____ Who referred you to us? _____

Any disabled family member? Yes / No

Currently pregnant? Yes / No / Don't Know / Refused to Answer

History of Substance Abuse? Yes / No / Don't Know / Refused to Answer

History of mental health issues? Yes / No / Don't Know / Refused to Answer

History of domestic violence? Yes / No / Don't Know / Refused to Answer

Military veteran's status? Yes / No / Don't Know / Refused to Answer

Children currently placed outside of the home? Yes / No Case Worker Name? _____

Community Agencies:

Please circle any community services you or your family is currently working with:

WIC/ SALVATION ARMY/ GOOD SAMARITAN/ HOUSING AUTHORITY/ SOCIAL SERVICES/ COMMODITIES/

WORKFORCE CENTER/ TANF/ SNAP/ MEDICAID/ MEDICARE/ MEAC/ TRIBAL SERVICES/ CHURCHES/

RENEW/ CHILD ADVOCACY/ MENTAL HEALTH/ OTHER CASE MANAGERS: _____(CONTACT INFO)

MONTELORES EMERGENCY ASSISTANCE COALITION (MEAC) APPLICATION

Please explain what caused your emergency.

Please explain how you will pay your bills next month.

Would you be interested in other resources from The Piñon Project? Please check any you are interested in and we will contact you.

- | | | | |
|--|--------------------------|---------------------------------|--------------------------|
| Parenting Support | <input type="checkbox"/> | Childhood Summer Programs | <input type="checkbox"/> |
| Family Support / Coaching | <input type="checkbox"/> | Fatherhood Support | <input type="checkbox"/> |
| Financial Literacy / Budgeting | <input type="checkbox"/> | Supervised Visitation | <input type="checkbox"/> |
| Emergency Assistance | <input type="checkbox"/> | Health Care Access | <input type="checkbox"/> |
| Employment Training / Job Search | <input type="checkbox"/> | Youth Services and Mentoring | <input type="checkbox"/> |
| Day Care / Pre-school | <input type="checkbox"/> | Community Resources Information | <input type="checkbox"/> |
| Treasure Chest Family Literacy Program | <input type="checkbox"/> | (please specify) _____ | |

I hereby acknowledge that I have completed the application accurately and am a resident of Colorado.

Date: _____

Signature of Applicant: _____

Signature of Co-Applicant: _____

I have reviewed this application and verified the information to the best of my ability.

Family Support Specialist

Date

Family Resource Center Association Common Demographics and Screening Survey

First & Last Name _____

Today's Date _____

Date of Birth _____

County of Residence _____

Gender

- Male
 Female
 Transgender

Race/Ethnicity (Check all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Hispanic or Latino
 White
 Native Hawaiian or Other Pacific Islander
 Declined to answer

Total Number of family members (including yourself)

Monthly Family Income _____

(Definition: Before tax income of all family members. Income does not include capital gains or noncash benefits such as public housing, Medicaid, and food stamps, but does include all cash benefits. If monthly income varies (ex. seasonal employment), divide annual income by 12 to obtain monthly income)

1. Are you or is another adult in your household employed full Time?

 Yes No

2. Do you have stable housing?

 Yes No

3. Are you generally able to get where you need to go using a personal vehicle or public transportation?

 Yes No

4. Are you able to access enough food to feed yourself and your family?

 Yes No

5. Have you finished high school or obtained your GED?

 Yes No

6. Does everyone in your family have health insurance?

 Yes No**If you are caring for a child:**

7. Do you have quality childcare, if needed?

 Yes No

8. Are all of your school-aged children enrolled in school?

 Yes NoWould you like to speak with someone to learn more about our family support services? Yes No

If yes, how can we best follow-up with you?

Phone _____

Text _____

Email _____

Other _____

Have you been to our Center before? Yes No



Authorization for Release / Exchange of Information

Client Name: _____

Date of Birth: _____

Address: _____

Phone #: _____

I do hereby consent and authorize The Piñon Project to:

- obtain information from and/or
- release information to (ONLY)

The following agencies as indicated by my **SIGNATURE BELOW AND CHECKED** in the appropriate brackets below:

Obtain	Release		Obtain	Release	
()	()	Cortez Police Department	()	()	Sunrise Youth Shelter
()	()	Police Department_____	()	()	SW Kids
()	()	Montezuma County Sheriff's Department	()	()	Tri County Head Start
()	()	Dolores County Sheriff's Department	()	()	Salvation Army
()	()	District Attorney/22 nd Judicial District	()	()	Good Samaritan Center
()	()	Montezuma Combined Courts	()	()	RENEW
()	()	County Court _____	()	()	Tribal Social Services
()	()	BIA Law Enforcement/Criminal	()	()	Axis Health System/Cortez Integrated Healthcare
()	()	Montezuma County Social Services	()	()	Montezuma Cortez RE-1 School
()	()	Dolores County Social Services	()	()	Day Care Provider _____
()	()	Four Corners Child Advocacy Center	()	()	Preschool _____
()	()	Southwest Board of Cooperative Services	()	()	Southwest Health System, Inc.
()	()	Division of Youth Services	()	()	Physician _____
()	()	Montezuma County Housing Authority	()	()	Planned Parenthood
()	()	Montezuma County Health Department	()	()	Indian Health Services/Ute Mountain Ute
()	()	Division of Youth Services	()	()	Four Corners Child Advocacy Center
()	()	Employer _____	()	()	Empire Electric
()	()	Landlord _____	()	()	ATMOS Energy
()	()	Other _____	()	()	Suburban Propane
()	()	Other _____	()	()	CCR Staffing Partners
()	()	Other _____	()	()	MEAC

The purpose of requesting this information:

- Casework Planning
- Emergency Assistance
- Other (Specify) _____

It is understood that the person authorizing release of information has the right to inspect and copy the information to be disclosed and that this information will not be re-disclosed without proper authorization.

Please select whether your authorization/consent for:

_____A onetime release of the above information (which will expire upon release or no later than 90 days from the date of your consent, whichever comes first), or

_____A periodic release of the above information as often as is necessary to plan/provide care and treatment (which will expire no later than 12 months from the date of your consent).

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Staff Member: _____ Date: _____