



Five County Association of Governments Community Action Partnership

CAP Housing Assistance Applicants:

Please know that the Community Action Partnership does not own its own apartment buildings or rental units. We do, however, have grants that may aid with move-in deposits, rent, and/or application fees to secure affordable housing **in some situations**. Funding is limited, and the reality is that the need greatly surpasses the amount of funds available to assist. It is important to remember that Five County CAP **cannot guarantee funding**, even if you meet the qualifications and eligibility requirements, regardless of whether you have received assistance from CAP for the previous month(s).

Finding Housing

Affordable housing can be difficult to find, especially for those with barriers such as poor credit or rental history, past evictions, or felonies*. Finding and securing housing will take time and effort on your part to succeed. You can find a list of "Low Income Rentals" by contacting the Housing Authority nearest you (e.g. www.stgeorgehousingauthority.org, www.beaverhousingauthority.org, www.cedarcityhousingauthority.com, www.utahpha.org). Affordable housing providers will often have waitlists, but **it is important to add your name** to these, regardless of the length, and follow-up at least once per month to check on the status. In the meantime, you can also find rentals on the local property management websites, Facebook Marketplace, Craigslist, KSL, etc. But, **please be aware of scams**.

Rental Applications

When you find an available rental that is suitable for your situation (the right size for your family, a reasonable price for your income) it is important to **act quickly**. Call the landlord or property manager immediately and ask what their application requirements are. Keep your barriers in mind when discussing the application process to them and ask questions accordingly (what is the minimum credit score they require, are they looking for households with 2 or 3X the rent in income to qualify, etc.). If you feel it will be a good fit for you, apply as soon as possible. Affordable rentals go fast, so you want to make sure your application is submitted right away for consideration.

One way to help you stand out in your search is by collecting letters of recommendation from previous landlords to submit with your applications. In some situations, you may be assigned a case manager with Five County CAP to assist you in your search. If that is the case, please be sure to keep in regular contact with your case manager.

Best of Luck,

Community Action Partnership Funding Committee

*Utah Legal Services has grants that may assist in having felonies expunged from your background, removing that barrier. Please reach out to them if you feel that this is something that would benefit you: 1-801-328-8891

Five County Association of Governments Community Action Intake & Consent Form

***PLEASE COMPLETE INFORMATION TO THE BEST OF YOUR KNOWLEDGE**

Five County Community Action Partnership (FCAOG CAP) has funding to help stabilize situation(s) and **improve self-sufficiency** (less dependency on government programs). Five County Association of Governments Community Action Partnership (FCAOG CAP) does not discriminate based on age, disability, genetic information, national origin, pregnancy, family composition, race/color, religion, sex, source of income, marital status, family composition, pregnancy, genetic information, source of income, sexual orientation/preference, and any protected classes outlined by federal and state law. As a department, we also do not discriminate based on sexual orientation or gender preference. However, Five County Community Action reserves the right to reserve service to clients under the following, non-protected circumstances:

- Causes any staff, volunteers, or other clients to feel threatened in any way. This includes sexual harassment, verbal and physical assault, displaying a weapon or a perceived weapon, and issuing threats.
- The client seeks services outside of walk-in hours and without a scheduled appointment.
- The client has been debarred from Five County assistance as a result of fraud, failure to comply with the terms of service, or any other documented reason.

What is REQUIRED of me?

- ✓ Gather all documents identified above. Understand incomplete documentation could delay or disqualify you for the services.
- ✓ Show up for the appointment on time. If you are late without notice, you may be asked to reschedule.
- ✓ Report **ALL** income and provide proof of income (*pay stubs, social security, tax returns, or bank statements*), depending on funding source. Other documents may be required.
- ✓ Report **ALL** household members
- ✓ Five County also completes follow-ups to make sure things are going ok with you, please help us with this.

Please understand this application does not qualify and/or guarantee any funding. All our services are contingent on availability of funding.

How long does it take? From the application to a check being cut typically takes at least 2 weeks. Five County will be in contact with your potential landlord during this time.

Services offered at Five County AOG Community Action? Community Action offers a variety of services, which can change based off the need of the community and grants received. Currently, Community Action offers diapers, mortgage application assistance, rental assistance, deposit assistance, obtaining birth certificates and identification, court ordered community service, and water assistance. We also will refer you to other external services, as needed.

To expedite the intake process, submit the household income with your application (the last 30 days of income: (*pay stubs, social security, tax returns, or bank statements*)

Please bring all documents to your scheduled appointment. If documentation is not presented it could delay or disqualify you for the services you need (plan on about 60 minutes for your appointment):

- ☐ Complete Five County Association of Governments – Community Action Intake Packet
- ☐ Picture ID for everyone over 18 years old
- ☐ all social security cards or birth certificates for all household members
- ☐ Intake Assessment with Five County Community Action case manager (by appointment only)



Five County Association of Governments Community Action Intake

PLEASE COMPLETE INFORMATION TO THE BEST OF YOUR KNOWLEDGE AND HONESTLY

Applicant Name:

FIRST

LAST

MIDDLE

SUFFIX

Address:

City:

State:

Zip:

Main Phone #:

Alternate #:

Email:

Contact Person: if applicable

☐ I agree to receive emails regarding community events and resources

☐ I am in need of translation services in (language): _____

Homeless: place not meant for habitation Emergency Shelter

Institutional: Foster care home / group home Hospital/other residential non-psychiatric medical facility jail, prison, or juvenile detention facility
Long-term care facility/ nursing home Psychiatric hospital/other psychiatric facility Substance abuse treatment facility or detox center

Housing Status:

(Circle one)

Temporary & Permanent Housing:

Transitional housing for homeless persons (including homeless youth) Residential/half-way house w/ no homeless criteria

Staying or living w/ friends: TEMPORARILY or PERMANENT Staying or living w/ family: TEMPORARILY or PERMANENT
Friends/Family, are you paying rent to them? Yes No

Veteran Housing, rentals by clients GPD TIP or VASH Permanent housing (other than RRh) for formerly homeless persons

Rental by client with subsidy, circle: RRH or equivalent subsidy housing choice voucher (HCV like Section 8) public housing unit Other ongoing subsidy

Rental by client with No ongoing housing subsidy

owned by client, circle: with ongoing housing subsidy No ongoing housing subsidy

Length of Stay:

(Circle one)

1 night or less

2 – 6 nights

1 month or more, but less than 90 days

90 days or more, less than 1 year

1 week or more, but less than 1 month

1 year or longer

Are you a survivor of Domestic Violence? ☐ No ☐ past 3 months ☐ 3-6 months ago ☐ 6 months-up to 1 year ago ☐ 1 year ago or more

Are you currently fleeing domestic violence? ☐ No ☐ Yes

Date your homelessness started (not always the date you entered the shelter): ____ / ____ / ____ (month/day/year)

Eviction History:

In the past 12 months, have you been evicted? ☐ No ☐ Yes

Are you homeless today because of an eviction? ☐ No ☐ Yes

Have you been denied housing due to an eviction ☐ No ☐ Yes

Zip code of the last permanent address you lived at: _____

Translation Assistance Needed? ☐ Yes ☐ No

If there were resources, would you want to continue your education? ☐ Yes ☐ No

FINANCIAL INFORMATION

In order to accurately determine an individual's or household's gross income, the following sources must be considered in the income determination: 1) Gross earnings from employment (wages, salaries, tips, commissions, bonuses etc.), 2) Unemployment compensation (public or private), 3) Workers' compensation, 4) Social security, 5) Public assistance or welfare payments in the form of cash (TANF, SSI, non-federal General Assistance, or General Relief money payments), 6) Veterans' payments, 7) Survivor benefits, 8) Disability benefits, 9) Pension or retirement income, 10) Regular insurance or any type of annuity payments, 11) College or university scholarships, grants, fellowships, and assistantships, 12) Interest income on assets in excess of \$10,000, 13) Dividends, 14) Rents, royalties, and estates and trusts, 15) Educational assistance, 16) Alimony, 17) Child support, 18) Financial assistance from outside of the household, 19) Other income (military family allotments or other regular support from an absent family member or someone living in the household, etc.), 20) If a person lives with a family, add up the income of all family members. (Non-relatives, such as housemates, do not count.)

HOUSEHOLD INFORMATION

According to Community Action Program Legal Services (CAPLAW), **the income of all members of each individual family unit must be** included in determining the income eligibility. A family unit is either (1) related individuals: two or more persons related by birth, marriage, and/or adoption who reside together, or (2) an unrelated individual: an individual who is not an inmate of an institution and who resides alone or with one or more persons who are not related to him/her by birth, marriage, and/or adoption, excluding house mates (renters or leasers).

Family Type:

(Check one)

☐ Single Person

☐ Multiple Adults (no children)

☐ Single Parent (circle one): Female Male other

☐ Two Parent Household

☐ Non-Related Adults with Children

☐ Multi-Generational Household

☐ Other, please explain: _____

HOUSEHOLD MEMBERS:

Demographic information needed below	Household Member #1 Name: First, Middle, Last	Household Member #2 Name: First, Middle, Last	Household Member #3 Name: First, Middle, Last
Relationship to head of household	Name: self ☐ Proof of Identity submitted, expires: _____	Name:	Name:
Phone Number, if different		Relationship:	Relationship:
Race & Ethnicity options: (circle all that apply)	Am Indian, Alaska Native, or Indigenous Middle Eastern or North African Black, African American, African Native Hawaiian or Pacific Islander Asian or Asian American White Hispanic / Latina/e/o/x Optional Additional Details:	Am Indian, Alaska Native, or Indigenous Middle Eastern or North African Black, African American, African Native Hawaiian or Pacific Islander Asian or Asian American White Hispanic / Latina/e/o/x Optional Additional Details:	Am Indian, Alaska Native, or Indigenous Middle Eastern or North African Black, African American, African Native Hawaiian or Pacific Islander Asian or Asian American White Hispanic / Latina/e/o/x Optional Additional Details:
Date of Birth Month/Day/Year			
Social Security #	☐ Does not have a social Security #	☐ Does not have a social Security #	☐ Does not have a social Security #
Gender (circle all that apply)	Man Questioning Woman Transgender Non- Binary Culturally Specific Identity (i.e. 2-Spirit) Different Identity (describe): _____	Man Questioning Woman Transgender Non- Binary Culturally Specific Identity (i.e. 2-Spirit) Different Identity (describe): _____	Man Questioning Woman Transgender Non- Binary Culturally Specific Identity (i.e. 2-Spirit) Different Identity (describe): _____
Education (circle one)	0-3 years old Pre-K – 8 th grade Grades 9 – 12 HS graduate Some college GED Graduate degree 2-4 yrs of college	0-3 years old Pre-K – 8 th grade Grades 9 – 12 HS graduate Some college GED Graduate degree 2-4 yrs of college	0-3 years old Pre-K – 8 th grade Grades 9 – 12 HS graduate Some college GED Graduate degree 2-4 yrs of college
Disabling Condition?	Yes No Unknown	Yes No Unknown	Yes No Unknown
Military Service	Currently In the past Not a Veteran	Currently In the past Not a Veteran	Currently In the past Not a Veteran
Health Insurance	None Medicaid Medicare Private Pay State Health insurance for Adults CHIP COBRA Veteran's Health Admin (VHA) Employer Provided Indian Health Services Other: _____	None Medicaid Medicare Private Pay State Health insurance for Adults CHIP COBRA Veteran's Health Admin (VHA) Employer Provided Indian Health Services Other: _____	None Medicaid Medicare Private Pay State Health insurance for Adults CHIP COBRA Veteran's Health Admin (VHA) Employer Provided Indian Health Services Other: _____
Employment status	Un-Employed (0-6 months) Part-Time Unemployed (6 months +) Full-Time Migrant Seasonal Farm	Un-Employed (0-6 months) Part-Time Unemployed (6 months +) Full-Time Migrant Seasonal Farm	Un-Employed (0-6 months) Part-Time Unemployed (6 months +) Full-Time Migrant Seasonal Farm
Source of Monthly Income	None Earned Income Unemployment Ins SSI SSDI Private Disability Insurance Retirement from Soc Secs Child Support VA Disability Compensation Worker's Comp VA Disability Pension TANF Financial Ass't General Ass't (GA) Alimony/other spousal support Pension / Retirement income from former job Other: _____	None Earned Income Unemployment Ins SSI SSDI Private Disability Insurance Retirement from Soc Secs Child Support VA Disability Compensation Worker's Comp VA Disability Pension TANF Financial Ass't General Ass't (GA) Alimony/other spousal support Pension / Retirement income from former job Other: _____	None Earned Income Unemployment Ins SSI SSDI Private Disability Insurance Retirement from Soc Secs Child Support VA Disability Compensation Worker's Comp VA Disability Pension TANF Financial Ass't General Ass't (GA) Alimony/other spousal support Pension / Retirement income from former job Other: _____
Monthly Income Documentation Provide verification w/ each income	☐ Tax Return ☐ Pay Stubs ☐ Bank Statement ☐ SSI/SSDI sheet ☐ DWS 24 mo Benefit Report	☐ Tax Return ☐ Pay Stubs ☐ Bank Statement ☐ SSI/SSDI sheet ☐ DWS 24 mo Benefit Report	☐ Tax Return ☐ Pay Stubs ☐ Bank Statement ☐ SSI/SSDI sheet ☐ DWS 24 mo Benefit Report
Source of Monthly Benefits	☐ None ☐ SNAP ☐ WIC ☐ TANF Transportation Services ☐ TANF Child Care Services ☐ other: _____	☐ None ☐ SNAP ☐ WIC ☐ TANF Transportation Services ☐ TANF Child Care Services ☐ other: _____	☐ None ☐ SNAP ☐ WIC ☐ TANF Transportation Services ☐ TANF Child Care Services ☐ other: _____
Disconnected Youth? Youth age 14-24 who is neither working nor in school	Yes No	Yes No	Yes No
Barriers currently present (check all that apply) Indefinite: 1- no foreseeable end, 2- substantially impacts your life, 3- could be improved with housing	☐ Alcohol Use Disorder, indefinite? Yes No ☐ Chronic Health Condition, indefinite? Yes No ☐ Developmental Disability ☐ Drug Use Disorder(past/current), indefinite? Yes No ☐ HIV / AIDS ☐ Mental Health Disorder, indefinite? Yes No ☐ Physical Disability, indefinite? Yes No ☐ Person has no reported barriers	☐ Alcohol Use Disorder, indefinite? Yes No ☐ Chronic Health Condition, indefinite? Yes No ☐ Developmental Disability ☐ Drug Use Disorder(past/current), indefinite? Yes No ☐ HIV / AIDS ☐ Mental Health Disorder, indefinite? Yes No ☐ Physical Disability, indefinite? Yes No ☐ Person has no reported barriers	☐ Alcohol Use Disorder, indefinite? Yes No ☐ Chronic Health Condition, indefinite? Yes No ☐ Developmental Disability ☐ Drug Use Disorder(past/current), indefinite? Yes No ☐ HIV / AIDS ☐ Mental Health Disorder, indefinite? Yes No ☐ Physical Disability, indefinite? Yes No ☐ Person has no reported barriers

HOUSEHOLD MEMBERS CONTINUED:

Demographic information needed below	Household Member #4 Name First, Middle, Last	Household Member #5 Name First, Middle, Last	Household Member #6 Name First, Middle, Last
Relationship to head of household	Name: Relationship:	Name: Relationship:	Name: Relationship:
Phone Number , if different			
Race & Ethnicity options: (circle all that apply)	Am Indian, Alaska Native, or Indigenous Middle Eastern or North African Black, African American, African Native Hawaiian or Pacific Islander Asian or Asian American White Hispanic / Latina/e/o/x Optional Additional Details:	Am Indian, Alaska Native, or Indigenous Middle Eastern or North African Black, African American, African Native Hawaiian or Pacific Islander Asian or Asian American White Hispanic / Latina/e/o/x Optional Additional Details:	Am Indian, Alaska Native, or Indigenous Middle Eastern or North African Black, African American, African Native Hawaiian or Pacific Islander Asian or Asian American White Hispanic / Latina/e/o/x Optional Additional Details:
Date of Birth Month/Day/Year			
Social Security #	☐ Does not have a social Security #	☐ Does not have a social Security #	☐ Does not have a social Security #
Gender (circle all that apply)	Man Questioning Woman Transgender Non- Binary Culturally Specific Identity (i.e. 2-Spirit) Different Identity (describe):	Man Questioning Woman Transgender Non- Binary Culturally Specific Identity (i.e. 2-Spirit) Different Identity (describe):	Man Questioning Woman Transgender Non- Binary Culturally Specific Identity (i.e. 2-Spirit) Different Identity (describe):
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Disabling Condition?	Yes No Unknown	Yes No Unknown	Yes No Unknown
Military Service	Currently In the past Not a Veteran	Currently In the past Not a Veteran	Currently In the past Not a Veteran
Health Insurance	None Medicaid Medicare Private Pay State Health insurance for Adults CHIP COBRA Veteran's Health Admin (VHA) Employer Provided Indian Health Services Other:_____	None Medicaid Medicare Private Pay State Health insurance for Adults CHIP COBRA Veteran's Health Admin (VHA) Employer Provided Indian Health Services Other:_____	None Medicaid Medicare Private Pay State Health insurance for Adults CHIP COBRA Veteran's Health Admin (VHA) Employer Provided Indian Health Services Other:_____
Employment status	Un-Employed (0-6 months) Part-Time Unemployed (6 months +) Full-Time Migrant Seasonal Farm	Un-Employed (0-6 months) Part-Time Unemployed (6 months +) Full-Time Migrant Seasonal Farm	Un-Employed (0-6 months) Part-Time Unemployed (6 months +) Full-Time Migrant Seasonal Farm
Source of Monthly Income	None Earned Income Unemployment Ins SSI SSDI Private Disability Insurance Retirement from Soc Secs Child Support VA Disability Compensation Worker's Comp VA Disability Pension TANF Financial Ass't General Ass't (GA) Alimony/other spousal support Pension / Retirement income from former job Other:_____	None Earned Income Unemployment Ins SSI SSDI Private Disability Insurance Retirement from Soc Secs Child Support VA Disability Compensation Worker's Comp VA Disability Pension TANF Financial Ass't General Ass't (GA) Alimony/other spousal support Pension / Retirement income from former job Other:_____	None Earned Income Unemployment Ins SSI SSDI Private Disability Insurance Retirement from Soc Secs Child Support VA Disability Compensation Worker's Comp VA Disability Pension TANF Financial Ass't General Ass't (GA) Alimony/other spousal support Pension / Retirement income from former job Other:_____
Monthly Income Documentation Provide verification w/ each income	☐ Tax Return ☐ Pay Stubs ☐ Bank Statement ☐ SSI/SSDI sheet ☐ DWS 24 mo Benefit Report	☐ Tax Return ☐ Pay Stubs ☐ Bank Statement ☐ SSI/SSDI sheet ☐ DWS 24 mo Benefit Report	☐ Tax Return ☐ Pay Stubs ☐ Bank Statement ☐ SSI/SSDI sheet ☐ DWS 24 mo Benefit Report
Source of Monthly Benefits	☐ None ☐ SNAP ☐ WIC ☐ TANF Transportation Services ☐ TANF Child Care Services ☐ other:_____	☐ None ☐ SNAP ☐ WIC ☐ TANF Transportation Services ☐ TANF Child Care Services ☐ other:_____	☐ None ☐ SNAP ☐ WIC ☐ TANF Transportation Services ☐ TANF Child Care Services ☐ other:_____
Disconnected Youth? Youth age 14-24 who is neither working nor in school	Yes No	Yes No	Yes No
Barriers currently present (check all that apply) <u>Indefinite:</u> 1- no foreseeable end, 2- substantially impacts your life, 3- could be improved with housing	☐ Alcohol Use Disorder, indefinite? Yes No ☐ Chronic Health Condition, indefinite? Yes No ☐ Developmental Disability ☐ Drug Use Disorder(past/current), indefinite? Yes No ☐ HIV / AIDS ☐ Mental Health Disorder, indefinite? Yes No ☐ Physical Disability, indefinite? Yes No ☐ Person has no reported barriers	☐ Alcohol Use Disorder, indefinite? Yes No ☐ Chronic Health Condition, indefinite? Yes No ☐ Developmental Disability ☐ Drug Use Disorder(past/current), indefinite? Yes No ☐ HIV / AIDS ☐ Mental Health Disorder, indefinite? Yes No ☐ Physical Disability, indefinite? Yes No ☐ Person has no reported barriers	☐ Alcohol Use Disorder, indefinite? Yes No ☐ Chronic Health Condition, indefinite? Yes No ☐ Developmental Disability ☐ Drug Use Disorder(past/current), indefinite? Yes No ☐ HIV / AIDS ☐ Mental Health Disorder, indefinite? Yes No ☐ Physical Disability, indefinite? Yes No ☐ Person has no reported barriers

For additional household members, please print this page again

SELF-SUFFICIENCY STATEMENT

What issues are you facing and what resources do you have access to already?

Below, please provide your written plan toward self-support.

CSBG & TANF Income Guidelines Department of Health & Human Services Poverty Guidelines

All clients receiving services must be able to demonstrate that they are eligible for programs and the household income is at or below **200%** of Federal Poverty Guidelines. Our programs may move back to the 125% poverty level soon.

2024 Poverty Guidelines

Household size	Monthly		Annual	
	125%	200%	125%	200%
1	\$1,568.75	\$2,510.00	\$18,825.00	\$30,120.00
2	\$2,129.17	\$3,406.67	\$25,550.00	\$40,880.00
3	\$2,689.58	\$4,303.33	\$32,275.00	\$51,640.00
4	\$3,250.00	\$5,200.00	\$39,000.00	\$62,400.00
5	\$3,810.42	\$6,096.67	\$45,725.00	\$73,160.00
6	\$4,370.83	\$6,993.33	\$52,450.00	\$83,920.00
7	\$4,931.25	\$7,890.00	\$59,175.00	\$94,680.00
8	\$5,491.67	\$8,786.67	\$65,900.00	\$105,440.00
9	\$6,052.08	\$9,683.33	\$72,625.00	\$116,200.00
10	\$6,612.50	\$10,580.00	\$79,350.00	\$126,960.00

Guidelines are found at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Authorization to Release Information

The agencies listed below are designed to assist individuals/families experiencing a housing crisis. The Authorization is designed to permit those agencies to share client information to collaborate on services and promote housing stability.

Client Name: _____

Date of Birth: _____

Client Name: _____

Date of Birth: _____

Address: _____

Phone: _____

☐ **by checking this box, I approve all of the below listed agencies**

☐ Five County Association of Governments	☐ The Utah Food Bank & Local Food Pantries
☐ Department of Workforce Services (DWS)	☐ Iron County Care & Share
☐ Southwest Behavioral Health Center	☐ Intermountain Health Care
☐ Cedar City or St. George Housing Authority	☐ Canyon Creek Women's Crisis Center (Domestic Violence)
☐ Family Healthcare / Clinic	☐ DOVE Center (Domestic Violence)
☐ Vocational Rehabilitation	☐ Utility Companies (Questar Gas, Rocky Mountain Power, etc.)
☐ The Division of Child and Family Services	☐ Veteran's Administration & Southern Utah VA Home
☐ County Sheriff Offices in the Service Area	☐ Switchpoint Community Resource Center
☐ LDS Transient Bishop's Office	☐ Other agencies/people the team may contact to assist in individual cases: (list):
☐ Bishop you are working with: _____	☐ Family Members (list):
☐ Iron or Washington County School District	☐ Hotels (involved with the hotel voucher program)
☐ Police Departments in the	☐ Landlord or Mortgage Lender
☐ Adult Protective Services (APS)	☐ Other (list):
☐ Adult Probation and Parole (AP&P)/ private parole agency	

Information to Be Released: Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other services agencies, current and potential program funding sources, and other programs offered by.

For the Purpose of: (a) providing coordinated housing, medical, social, psychological, and other services to me, (b) evaluating the outcomes related to service delivery, and (c) to improve coordination of services to assist individuals experiencing a housing crisis, and (d) to identify barriers and service gaps that block the path out of homelessness. In the event of the publication of the results of the program, my identity will be kept confidential, although information about my circumstances may be discussed.

Right to Revoke: This authorization is subject to revocation at any time except to the extent that the agencies which are to make the disclosures have already taken action in reliance on those disclosures. Unless otherwise revoked by client, this release expires after 1 year.

Potential Re-disclosure: I understand that information that I authorize to be disclosed may be re-disclosed and not subject to medical privacy regulations. However, federal confidentiality rules (42 CFR, part 2) prohibit recipients from making any further disclosure of alcohol and substance abuse records unless further disclosure is expressly permitted by written consent of the person to whom they pertain or if disclosure is otherwise permitted by 42 CFR, part 2. The Federal rules restrict any use of the information to criminally investigate or prosecute and alcohol or drug abuse client.

By signing below, I authorize the above listed organizations to share information as it relates to my housing needs.

Client (1) Signature

Date

Client (2) Signature

Date

Case Manager Signature

Date

Five County Community Action Grievance Procedure

This Grievance Procedure is to be followed by program consumers who are dissatisfied with or are denied services under programs funded by Community Service Block Grant (CSBG), Social Service Block Grant (SSBG), and any other grant or program overseen by the Five County Human Services Council. Attempts will be made to resolve grievances as quickly as possible.

Informal: Consumer will bring issue to attention of the local program provider. If not resolved to consumer's satisfaction, the consumer has the option of pursuing the grievance by issuing a formal complaint.

Formal Complaint

- a. Consumer will submit written grievance to local program provider within five (5) working days of the incident or of knowledge of the incident. The local Program Provider will respond in writing within ten (10) working days. If not resolved to consumer's satisfaction, they have option to proceed.
- b. If the issue is still not resolved to consumer's satisfaction, consumer may submit written grievance within ten (10) working days to Director of Community Action, Five County Association of Governments, 1070 West, 1600 South, Building B, St. George, Utah 84770. The Director of Community Action will respond in writing within ten (10) working days. If not resolved to consumer's satisfaction they have option to proceed.
- c. If the issue is still not resolved to consumer's satisfaction, consumer may submit written grievance within ten (10) working days to the Executive Director of the Five County Association of Governments, 1070 West 1600 South Building B, St. George, Utah 84770. The Executive Director will utilize support staff or Human Services Council support as deemed necessary to investigate information and render a decision regarding the grievance. The Executive Director will respond in writing within ten (10) working days. If not resolved to consumer's satisfaction, they have option to proceed.
- d. If the issue is still not resolved to consumer's satisfaction, consumer will be provided with address and telephone number(s) for the Chairperson of both the Five County Human Services Council and Five County Association of Governments Steering Committee. A hearing before the Human Services Council will offer the next level of grievance and help remedy appropriate action(s) regarding the complaint. The nature of the complaint and the investigation shall be properly documented. The response to the consumer will address the complaint received and relevant action taken. If any member of Human Services Council is involved in the grievance, those members shall exclude themselves from the grievance procedure.
- e. If the decision is not to the satisfaction of the consumer, the consumer shall be referred to the appropriate state agency's grievance procedure. In most instances, this will be the Utah Department of Workforce Services or the Utah Department of Human Services.

You can view an updated copy of the grievance procedure on our website at <https://fivecountycommunityaction.squarespace.com/grievance-procedure>

SIGNED STATEMENT

By signing below, I verify that the information I have provided in this application is true and accurate to my knowledge. I have also read and understand the Five County Community Action Grievance Procedures.

Client (1) Signature

Date

Client (2) Signature

Date

Five County Community Action Participant Rights & Responsibilities

All participants have rights that must be acknowledged and respected. The rights and responsibilities listed below will be available for participants to review, and will be explained to them upon their request.

RIGHTS: Each participant utilizing services at Community Action has the right to:

1. Be treated with dignity.
2. Have freedom from discrimination.
3. Be assured of the confidentiality of information and privacy for both current and closed records.
4. Be made aware of reasons for involuntary termination and criteria for re-admission into the program.
Reasons may include, but are not limited to: the potential harm or acts of violence to participants or others.
5. Be given information about grievance and complaint procedures.
6. Responsive communication from Community Action employees, including Community Action employees responding within a reasonable amount of time.

RESPONSIBILITIES: Each participant utilizing services at Community Action must:

1. Complete and sign appropriate paperwork for the services they receive.
2. Follow the outlines rules of conduct for the services they receive.
3. Refrain from bringing firearms or knives into any Community Action facility or sponsored activity.
4. Comply with the Utah Clean Air Act by not smoking or vaping inside any Community Action facility.
5. Treat all persons in a caring and respectful manner, mindful of individual differences, including cultural and ethnic diversity.
6. Not discriminate against anyone on the basis of race, color, creed, age, religion, disability, sexuality or nationality.
7. Not engage in activities which may be seen as a conflict of interest between OWCA, others involved at Community Action themselves.
8. Communicate with agency in a timely manner. If Community Action receives no response after two weeks of reaching out, your case may be closed and you may need to reapply again for services.
9. Check in every at least two weeks with your assigned case manager.

I have read and understand Community Action's policies regarding my Rights and Responsibilities while I am receiving services at Community Action. I agree to abide by these policies during the time that I am utilizing Community Action's services.

To view Community Action's Code of Conduct at <https://fivecountycap.org/code-of-conduct/>

Client Signature

Date

Client Signature

Date

FOR OFFICE USE ONLY:

Five County Community Action Case Manager Signature below:

Assessment Date:

Application Completion Date:

Utah Homeless Management Information System: Informed Consent Release Form

What is UHMIS?

FCAOG participates in the Utah Homeless Management Information System (UHMIS), an online database that collects information about persons in Utah who are experiencing homelessness, those at risk of homelessness, and those who are formerly homeless.

What type of information is asked of me?

UHMIS asks for identifying information including, but not limited to, basic demographics (i.e., Name, Date of Birth, etc.), limited health data (i.e., disabling condition), and financial information. Each question has been carefully reviewed to ensure only the minimum required information necessary is collected.

Who is it shared with?



FCAOG must collect client information in UHMIS for program participation, even if you choose not to sign this form. However, information is shared with other providers only after you sign this consent form to release that information. For more information on how your information is protected and shared, please scan the QR code on this page or go to UtahHMIS.org/For-Clients.

What happens if the client refuses to sign this form?

- You may refuse and will not be denied services unless a specific funding source for those services requires client information to be shared in UHMIS.
- You may refuse to share your information with only one or all other providers.
- You may choose not to share any specific data element even after signing this consent form.
- For FCAOG to serve you with this UHMIS participating project, your information will still be entered into UHMIS and be visible to the users who work for this agency. It will also be visible to a small group of people not employed with this agency who provide security, oversight, data analysis, and research to improve services for those served by UHMIS.

When does client consent end?

By default, your consent will end seven years after the signature date; however, you may also change your consent to share at any time. Due to the nature of UHMIS, when your consent ends, this agency will share no new information, but this agency will not remove anything already shared within the system.

Your Rights

- You may request this document in a format better suited to your needs and understanding.
- You may request to see information for yourself and your legal dependents and to change it if it is incorrect.

I understand the above statements and consent to including personally identifying information in UHMIS about me and any dependents listed below. I authorize the information collected to be shared with other providers. I understand that my personal identifying information will not be made public and will only be used with strict confidentiality. I also know that I may withdraw my consent at any time by submitting a UHMIS Informed Consent Revocation Form, which can be provided to me by this agency. I understand I may obtain a copy of my signed consent form from this Agency.

Client Signature (Parent/Guardian)	Client Name (Print Clearly)	Date

Dependent children under 18 in the household, if any (please print first and last names clearly):		

Agency Staff Signature	Agency Staff Name (Print Clearly)	Date

Agency use, check as needed.	
☐ Client approved back-dated consent*, to the date: * You may backdate up to five business days from today's date, as defined in UHMIS policy. (E.g., if the client signs the form on 7/5/24, you may backdate it to 7/1/24.)	
☐ The client gave verbal consent ☐ The Client is unable to consent ☐ The Client refused ☐ Client restricts some sharing (describe on form)	