

CAMPBELL COUNTY CARE BOARD

COMMUNITY SERVICES BLOCK GRANT (CSBG) APPLICATION FOR ASSISTANCE

Type of Assistance Requested: _____ Date: _____

Agency: _____

PERSONAL INFORMATION FOR APPLICANT					
Applicant Name:			Telephone:		
Physical Address:		City:	County:	State:	
Mailing Address:		City:	County:	State:	
Date of Birth:	Age:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unspecified		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unspecified	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Unspecified		Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Island <input type="checkbox"/> Other <input type="checkbox"/> Unspecified <input type="checkbox"/> White		Education <input type="checkbox"/> 0-8 <input type="checkbox"/> 12 Grade + Post-Secondary <input type="checkbox"/> 2-4 Years College Graduate <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> GED <input type="checkbox"/> Graduate of Post-Secondary <input type="checkbox"/> High School Graduate <input type="checkbox"/> Unspecified	
Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (more than 6 months) <input type="checkbox"/> Unemployed (less than 6 months) <input type="checkbox"/> Unemployed not in labor force <input type="checkbox"/> Unspecified			Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military <input type="checkbox"/> State-Adult <input type="checkbox"/> State Children <input type="checkbox"/> Unspecified		
Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Unspecified <input type="checkbox"/> Widowed			Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Unspecified <input type="checkbox"/> Veteran		
Disconnected Youth- Not Working or Not in School (for 14-24 age group): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unspecified					

INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS 18 AND OVER (Provide Documents)					
Name	Pay Per Hour	Hours Per Week	Pay Per Month	Total	Income Source

HOUSING INFORMATION

Family Type: Multigenerational Household Nonrelated adults with children Unspecified
 Other Single Parent/Female Single Parent/Male
 Single Person Two Adults/No Children Two Parent Household

Household Size Single
 Two
 Three
 Four
 Five
 Six or More

Housing: Homeless
 Other
 Unspecified
 Other Permanent Housing
 Own
 Rent

ALL OTHER MEMBERS OF HOUSEHOLD (USE ADDITIONAL SHEET IF NECESSARY)

#1	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:
#2	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:
#3	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:
#4	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:
#5	Name:	Gender:	DOB:	Race:	Education:	Disabled:
	Relationship to HOH:	Ethnicity:	Marital Status:	Military Status:	Disconnected 14-24 (No School /Work: :	Health Ins:

I certify that the documentation provided and the facts contained in this application are accurate and true to the best of my knowledge and understand that falsified statements on this application or in the documentation provided could result in being denied CSBG-funded assistance in Wyoming

SIGNATURE: _____

DATE: _____

Pantry Client Information

- Statistical information helps Food Bank of Wyoming receive food and funds to better serve Wyoming
- Information on this form is optional and confidential
 - However, eligibility for additional USDA products (TEFAP) do require replies as indicated by a star: ★
- All data will be digitally recorded using the safe and secure database - Link2Feed
 - Refer to "Our Data Promise" for details on information security

If you have any questions regarding this form, please contact your local food pantry:

Site Name: _____ Phone Number: _____

Or Food Bank of Wyoming: 307-265-2172 or smaxwell@wyomingfoodbank.org

★ Last name: _____ ★ First name: _____

Birthdate: ____/____/____
(mm/dd/yyyy)

Gender: _____

Marital Status: _____

★ Address: _____

Mailing; if Different: _____

★ City: _____ ★ State: _____ ★ Zip code: _____

★ County: _____ No fixed address/ Undisclosed

Housing Type (i.e. Own Home, Rental, Shelter): _____

ID Type Shown (if applicable): _____

Phone Number: _____

Preferred Language(s): _____

Referred By (i.e. friend, online, social worker): _____

Ethnicity/ Race: _____

Highest Level of Education: _____

Other Considerations:

Homebound

Veteran

None

Disability

Other

Undisclosed

★ Total Number of Individuals in Household by age:

Children (0-18): _____ Adults (19-59): _____ Seniors (60+): _____

Additional Information

Last Name	First Name	Birthdate	Gender	Relation	Ethnicity/Race

★ Household Gross Monthly Income - Complete for each Household member

<u>Household Member</u>	<u>Income Source</u>	<u>★Income Amount</u>

Are you or those in your household enrolled in additional social assistance programs?

Yes No If yes, please explain: _____

Please list any dietary allergies or considerations:

Other Comments:

Council of Community Services



"helping people help themselves"

CSBG BLOCK GRANT PANTRY SURVEY

Date _____

Name _____

Number of Adults _____ Number of Children _____

How long have you been using our food pantry on a regular basis?

3 months 6 months 9 months 1 year More than 1 year

Do you reduce or skip meals because there is not enough food or money to purchase food? Yes No

If yes how often do you reduce or skip meals? _____

Reason for requesting continuing food assistance from our pantry: _____

How does this food pantry help you increase your nutrition and cooking skills: _____

Signature _____

Staff Signature _____

CSBG Customer Satisfaction Survey

AGENCY Name: Council of Community Services

Date(s) of Service: _____

Services Received: _____

Please fill out the survey below if you received CSBG services from the above-named agency. Your responses are completely anonymous. Please return to the agency you received funding from or please email your responses to BLR01@ccgov.net or call 307-687-6324.

COMMUNITY SERVICES BLOCK GRANT

Thank you for being our client. Please help us improve our service by completing this survey.

RATINGS	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
1) The staff volunteer treated me with courtesy and respect.	1	2	3	4	5
2) The staff/volunteer was responsive to my needs.	1	2	3	4	5
3) The staff/volunteer helped me to make progress towards achieving my goal(s).	1	2	3	4	5
4) As a result of the service(s) received, I feel my situation is more stable.	1	2	3	4	5
5) My questions and concerns were addressed in a timely manner.	1	2	3	4	5
6) My overall rating with the services received is satisfactory.		NO		YES	