



APPLICATION for RAPID RESPONSE Assistance

Please complete the following information to advance your application. All information is confidential.

Have you lost income due to the COVID 19 pandemic? West CAP is responding to the needs of low-income residents with expanded services. *Please check the services you would like assistance:*

- Rent/mortgage assistance** for households at risk losing their homes or for those already made homeless
- Utility assistance** to keep homes safe and comfortable including **electric, water & sewer bills**
- Phone/Internet assistance** to keep people connected and able to reach health providers
- Food assistance** for people to maintain their health – and their children’s health
- Transportation** vehicle ownership support including **car repair, title/licensing & insurance costs**

Print First Name:		Print Last Name:			
Mailing Address:		City:		State:	Zip:
County of Residence:		Monthly Housing Payment:		Own <input type="checkbox"/> or Rent <input type="checkbox"/>	
Day Phone Number:		Evening Phone Number:		Email:	

Complete information for ALL members in your household. See below CODES for reference:

First Name	Middle Int	Last Name <i>(leave blank if same)</i>	Last 4 digits of Social Security Number	Relationship to Head of Household	Sex	Date of Birth	Veteran Y/N	Race Code <i>see below</i>	Hispanic Y/N	Highest Level of Education Completed	Disability Code <i>(see below)</i>	Medical Ins Code <i>(see below)</i>	Citizen Code <i>(see below)</i>

Race Code: AI – American Indian/Alaska Native, NH – Native Hawaiian/Pacific Islander, A – Asian, B – Black/African American, W – White, MR – Multi-Racial, O – Other

Disability Code: H – Hearing, D – Deaf, S – Speech, V – Visual, E – Emotional, O – Orthopedic Impairment, OT – Other

Medical Code: P – Private Insurance, B – BadgerCare, ME – Medicare, MD – Medicaid, N – None, O – Other

Citizenship Status Code: N – Natural Born US Citizen, E – Eligible Legal Resident, NE – Non-Eligible Legal Resident, I – Illegal Resident

Continued on back.

INCOME SOURCE(S)

List of "Type of Income": Employment Wages, Child Support, Alimony, Pension/Retirement, Self-Employment, Social Security/SSI/SSD, TANF, Tips/Commission, Unemployment, US Military Pay, VA Payment, Work Comp, Other

Household Member Name (only those members with income)	Employment Status	Type of Income (see above list)	Total Gross Monthly Income

Do you receive Food Share/Food Stamps? Yes No

Is applicant(s) or any household member a friend or family to any West CAP employee or Board of Director? (family includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child)). Yes No If Yes, please explain:

Please check any of the non-cash benefit(s) you receive:

<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP	<input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> Other
--	---	---	--------------------------------

EEOC Statement:

West CAP is an equal opportunity organization and no otherwise qualified applicant for service or service participant, volunteer, employment applicant or current employee shall be excluded for participation, be denied benefits, or otherwise be subject to discrimination in any manner. Federal laws, Presidential Executive Orders, and state and local laws designed to protect employees, job applicants, volunteers, and program applicant from discrimination on the bases of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), parental and marital status, national origin, age, disability, family medical history or genetic information, political affiliation, military service, arrest or conviction records, use or nonuse of lawful products off the employers' premises during non-work hours, declining to attend meetings or participate in communications about religious or political matters or other non-merit based factors.

With my ELECTRONIC signature, I authorize **West CAP to release information** stated on this form and/or in my case to designated staff and/or other agencies to which my case/project pertains. This includes contacting landlords, vendor, and/or service provider(s) to verify eligibility. I have voluntarily provided the information above and it is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied. I understand that completion of this application does not guarantee that I will receive assistance. I also understand that the information will be held in confidence and used specifically to determine eligibility and program planning.

Applicant Signature:	Date:
----------------------	-------

Return Application with Income Documentation (for previous month)

Email: westcap@wcap.org, Mail: West CAP – PO Box 308, Glenwood City, WI 54013

Questions call 715-598-4750 or email westcap@wcap.org. Thank You.