



CSBG Application for Services

MID-CUMBERLAND
COMMUNITY ACTION AGENCY
Helping people. Changing lives.

Statement of Need:

I am currently in need of the following assistance:

Is your situation related to COVID? If Yes please explain:

Please tell us why you need assistance:

Supports:

Do you have other family, community, or agency supports? Yes No If yes, please explain:

Applicant Certification

I certify that all of the information provided by me is true and correct. I authorize the verification of any and all information provided herein to determine my eligibility, and acknowledge I have been informed of the appeal process. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for CSBG and for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for the purposes directly related to the administration of the CSBG program. I attest under penalty of perjury that all persons applying for or receiving aid are either a United States citizen or qualified alien as defined by 8 U.S.C § 1641(b), or eligible immigrants. I swear under penalty of perjury (a crime for lying under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of CSBG assistance is liable upon conviction of a fine of \$10,000 or imprisonment for not more than five years, or both.

I do _____ or do not _____ agree that the information contained in my application may be shared with other agencies from which I seek additional services.

Applicant/Head of Household Name _____

Applicant Signature: _____ Date: _____

If representative for the Applicant, give name, relationship, and reason for signing: _____

No person on the basis of race, color, national origin, sex, age, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local Laws will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of any Mid- Cumberland Community Action Agency program.

Grievance Procedures-Appeal Process

If a client wishes to appeal a decision they can follow the procedure outlined below. An individual filing a grievance may do so within 30 days of denial of services by contacting the Community Service Director who will review the file and respond to the grievance. The Community Service Director will assist the individual within 15 working days of being contacted and have the client fill out the agency form. The grievance will be addressed within 15 days of being contacted. If the customer is still dissatisfied with the decision made by the Community Service Director, he/she may request a review of the decision by the appropriate funders, including the Tennessee Housing and Development Agency (THDA) or Tennessee Department of Human Services (DHS).