

**YOU MUST DROP OFF APPLICATION at
434 LEWIS STREET to Michelle at the Methodist Church:
In order for your application to be reviewed same week you MUST
have all documents in hand before Tuesday at 4PM ~ No exceptions~**

PAGOSA OUTREACH CONNECTION
P.O. Box 240
Pagosa Springs, CO 81147
Interviewing Agency

COMM. UNITED METHODIST CHURCH
P.O. Box 300
Pagosa Springs, CO 81147
Document Collection Agency

If you need assistance completing the application, please request that assistance from the referring agency. Meetings are held on Thursday mornings at 8:30.

Pagosa Outreach Connection (POC) prohibits discrimination in its program on the basis of race, color, national origin, sex, age, disability, political beliefs and marital or family status.

WHAT IS POC?

POC is a collaborative multi-sector group of concerned citizens including non-profit, business, faith based and governmental agencies who gather weekly to screen, advocate and provide financial assistance to residents in need. Typically, the POC service is provided as a one-time intervention to support residents who are experiencing a financial hardship or crisis.

WHO IS POC?

Funding agencies include the United Way of Southwest Colorado, the Archuleta County Department of Human Services, the La Plata Electric Round-up Foundation, El Pomar, 7th Day Adventist, Salvation Army, Methodist Church, St. Patrick's Episcopal, Immaculate Heart/Pope Paul II, Rotary Club, Unitarian Universalist Fellowship, Grace Evangelical Free Church, Restoration Fellowship, Amazing Grace, Centerpoint Church, PSRCOR (Realtors), Dominica, Pagosa Bible Church, Pagosa Area Water Company. In-kind donation of advocacy & administration services is provided by the Archuleta County Department of Human Services, Rise Above Violence, Justice Ministries, Aspire, and Vets for Vets. Other agencies and organizations are invited to participate within the existing collaborative.

PURPOSE

The goal of POC is to assist an individual and/or family in moving toward greater self-sufficiency and to alleviate an immediate financial hardship or financial crisis.

FUNCTION

Residents are referred by community agencies and asked to complete a POC application. The application is then screened by Archuleta County Department of Human Services employees. Representatives of participating organizations then meet weekly to approve, table or deny applications and to determine the type and amount of assistance to be provided. Applicants are advised of funding decisions immediately following that meeting.

FINANCIAL

Payments are made directly to the service provider, never to the applicant. POC makes the payments and maintains the checkbook while United Way of Southwest Colorado acts as the fiscal agent. Payments made on behalf of clients are in check form only. Payments cannot be made by credit card.

RESTRICTIONS

Individual funding agency restrictions are honored. For example Round-up Foundation cannot pay electric bills, and Salvation Army can only be accessed once a year, etc. **Rental and utility deposits are typically not funded, but applications are reviewed on a case-by-case basis and some exceptions may be considered.**

TIMELY

Applicants that arrive more than 10 minutes late for an appointment with the DHS will be canceled and rescheduled as time allows. It takes approximately 30 minutes to complete the interview after the application has been submitted. This appointment is important and should not be missed as it will cancel or delay the request. All sections of the

application must be completed to provide POC with the most accurate depiction of the situation resulting in hardship.

CONFIDENTIALITY

Confidentiality of applicant is maintained, however a “release of information” must be signed so that details can be discussed by POC.

ASSISTANCE LEVELS

No dollar limits are specified, however practical considerations are based on available funding. Generally requests range between \$150 and \$800. POC has the discretion to approve a request exceeding \$800, but this is very rare and would require extenuating circumstances.

These steps must be followed to be considered for POC. If all the requirements are not provided your application will not be reviewed until they are completed.

- 1. FILL OUT THE APPLICATION COMPLETELY**
2. Attach paperwork listed below
3. Sign page of the “authorization for release of information”
4. Detail monthly bills and monthly income (child support, SSI, SSDI, work income, etc)
5. Use back page if necessary when explaining your need for assistance; please give detailed information. MAKE YOUR CASE with true and correct statements.

THESE GUIDELINES MUST BE FOLLOWED:

rent or mortgage assistance:

- attach a written statement from landlord detailing amount and date due; include landlord’s phone number and address. Or attach payment coupon from the Mortgage Company, eviction or foreclosure notice.

utility assistance:

- During LEAP season you must apply for LEAP before applying for POC funds.
- Provide documentation for the results of LEAP application
- attach a shut-off notice or last bill from the company owed

car payment or insurance assistance:

- attach a payment stub or written proof of amount needed

car repair:

- attach two car repair estimates

medical or dental assistance:

- attach your medical bills or medical estimate from performing physician

prescriptions:

- attach one month’s prescriptions with amounts

Other Emergent Needs considered

ALL APPLICANTS MUST SUPPLY THEIR LAST PAY STUB OR A WRITTEN NOTICE FROM EMPLOYER STATING AMOUNT MADE HOURLY, HOW MANY HOURS A WEEK WORKED, AND HOW LONG THEY HAVE BEEN EMPLOYED.

"We are aware some of these questions may be uncomfortable or difficult to answer. We require that you answer each question accurately and honestly. This information will assist us in making decision regarding your application and all information will be verified."

**PAGOSA OUTREACH CONNECTION ANYTHING
ASSISTANCE APPLICATION**

Revised 2/14/19

Date of Application _____ Staff Completing Application _____
Who referred you to us _____

Personal Information

Name _____ Age: _____

Spouse or Partner _____ Age: _____

Address _____

Work Phone _____ Home Phone _____

Names and ages of all others living in household including children: _____

Are you a Veteran? _____ yes _____ no

Assistance Request

Amount Requested \$ _____ (Must be an exact amount)

Assistance to be used for _____

Businesses to be paid (include address, phone, contact person, and account number):

1. _____

2. _____

3. _____

If needing rent assistance, please give landlord's name, address, and phone: _____

For what month(s) will the assistance be applied? _____

How many months are you behind on rent? _____

INCOME AND EXPENSES

Employment information of applicant:

Current employer _____ Supervisor _____

Previous employer _____ Supervisor _____

Employment history:

How long have you worked for your current employer? _____

How many hours do you work per week? _____ Hourly wage? _____

How long did you work for your previous employer? _____

Why did you leave your previous job(s)? _____

How long have you been unemployed? _____

Are you currently looking for work? _____

Employment information for co-applicant:

Current employer _____ Supervisor _____

Previous employer _____ Supervisor _____

Employment History:

NAME:

How long have you worked for your current employer? _____

How many hours per week do you work? _____ Hourly wage? _____

How long have you been unemployed? _____

Applicants and co-applicants financial information:

Monthly income: _____ W _____

Applicant _____ Co-applicant _____

Total Monthly Income and expenses

List all Income Sources	Expenses
_____	Rent/Mortgage _____
_____	Food/Personal _____
_____	Trash Collection _____
_____	Car Payment _____
_____	Car Insurance _____
_____	Day Care _____
_____	Gas/Propane _____
_____	Electricity _____
_____	Water _____
_____	Telephone/Cell _____
_____	Transportation/Gas _____
_____	Medical/Dental _____
_____	Credit Cards _____
_____	Other payments _____
Total Income _____	Total Expenses _____

Income Tax Return

Other Information

Have you ever used emergency assistance in the past (Salvation Army, United Way, Dept. of Human Services, Churches, Housing Solutions, Veterans, Pagosa Outreach Connection)?

If yes, when and what kind? _____

How long have you lived in the area? _____

Why do you need emergency assistance at this time? (Why do you not have the money needed?)

If you receive the requested assistance, how will you pay your bills next month and in the future?
Be specific with this plan.

Do you have any other resources or have asked others for financial assistance at this time
(friends, family, other agencies, etc.)?

Is there any other information that would be helpful to your case that you would like to share
with us?

Have you ever applied for LEAP? _____ Were you approved or denied? _____
If approved, how much did you receive? _____

Have you ever utilized POC funds before? If so when?

Assistance Provided or Denied? Why? _____

Recommendation/Recommendation Plan: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
(Applicant's and co-applicant's names)

Hereby authorize the Pagosa Outreach Connection and any of its appointed representatives to
release information about my family and myself related to my needs as stated in this application,

and as necessary to determine my eligibility for emergency assistance as requested in this application to

(Agencies to be contacted)

I understand that the information to be released may include information regarding drug abuse, alcoholism, or alcohol abuse, and/or psychological condition, if any. It may also include medical records. The purpose of this request is to determine my eligibility for emergency assistance, which I have requested. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocation, this consent will automatically expire within sixty (60) days, or upon satisfaction of the need for disclosure, whichever occurs first.

I release the Pagosa Outreach Connection and its appointed representatives from any and all liability for releasing any information pursuant to this release

The purpose of POC is not just to consider help during an emergency but to assist you to “move toward independence and self-sufficiency.” Receiving financial assistance from POC may require you to follow recommended help before any future funding can be considered.

Date	Applicant Signature	Date of Birth
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Date	Co-applicant Partner	Date of Birth
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