
Date: March 12, 2009

To: School District Family Resource Coordinators

From: Mike Cook, NeahCasa Emergency Housing

Subject: use of TCSA Application

TCSA has authorized Family Resource Coordinators to give this form to families as the primary means of access for your families to Secret Angels' assistance. It is not intended for emergency situations and may take a number of days for TCSA assessment of qualifications. It must be completed in full and delivered or mailed to TCSA at the address indicated.

TCSA's Program is complimentary to ours, as it provides a focused long term supportive relationship to help families become independent from ongoing support.

While TCSA welcomes interaction with FRC's on needs of families with a clear commitment to achieving sustained independence from agency support and has requested that communications and distribution of this form keep this in mind.

The attached form is not to be distributed electronically to others and is to be distributed only in hard copy to families you feel would benefit and qualify for TCSA support.



P.O. Box 208/36025 7th Street • Nehalem, OR 97131 • 503-368-3845 • By Appointment Only

CHURCH HOME _____ **PASTOR** _____

FAMILY SPONSORSHIP APPLICATION

(To be filled in by head of household —only one application per address will be accepted.)

*To receive **ASSISTANCE** ALL sections must be completed, a family budget statement and disclaimer must be attached, a home visit must be scheduled, and a photograph, taken by Tillamook County Secret Angel's volunteer photographer, must be on file.*

Last Name _____ First Name _____ Middle Name _____

Other last name(s) **AT THIS ADDRESS** including previous maiden and married names: _____

Where else have you applied for help? _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

Please give directions to home _____

Phone: Home _____ Work _____ E-Mail _____

YOUR EMPLOYER _____ **SPOUSE/SO'S EMPLOYER** _____

Please list **ALL** persons living at this address, beginning with Head of Household and including non-applying and non-family members:

| Relationship to you | Name: LAST, FIRST, MIDDLE | COPY OF BIRTHCERTIFICATE ON FILE WITH TCSA* | BIRTHDATE | M F | 1 | 2 | 3 |
|---------------------|----------------------------------|---|-----------|--------|---|---|---|
| YOU | | | | | | | |
| SPOUSE or SO | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

If you need more room, please attach a second form

Please state you reason for needing to apply _____

- | | |
|---|--|
| <input type="checkbox"/> Baby (Give due Date _____) | <input type="checkbox"/> Christmas Food Box |
| <input type="checkbox"/> Back-to-School (Clothes/School Supplies) | <input type="checkbox"/> Christmas Gifts for Children age 14 and under |
| <input type="checkbox"/> Birthday Gift(s) for children age 14 and under | <input type="checkbox"/> Senior in Family – Special Diet |
| <input type="checkbox"/> Thanksgiving Food Box | <input type="checkbox"/> Senior in Family requesting gifts |

PERMISSION

You have my permission to seek assistance and share information with other churches, schools, organizations and agencies on behalf of the above named family(ies). I understand that if I am applying for any financial assistance that a background check is a possibility whether or not it will be used to determine TCSA's provision of services. I have not applied, nor will be applying, for **ASSISTANCE FOR ANY OR ALL OF THE ABOVE EVENTS** from any other church, organization, or agency. This is my **ONLY** application for public/private assistance. (Note correction on reverse should an application to another office have been made prior to this date.)

Signature _____ Today's Date _____

*Options: Marriage License, Green Card, Passport, Drivers License issued AFTER 1/1/09



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FAMILY BUDGET STATEMENT

Please understand that all applications may be subject to a background check.

INCOME

Wages Job #1 _____
 Wages Job #2 _____
 Child Support #1 _____
 Child Support #2 _____
 SSI/SSD Person #1 _____
 SSI/SSD Person #2 _____
 Indian Grant(s) _____
 Veterans Pension(s) _____
 School Grant(s) _____
 TANF Funds _____
 Food Stamps _____
 Other _____
 Other _____
TOTAL _____

EXPENSES *(If your living expenses are included with your job, please circle)*

Rent/Mortgage _____
 Electricity _____
 Water _____
 Sewer _____
 Garbage _____
 Groceries _____
 Phone _____
 Incidentals(gasoline,toiletries,etc.) _____

OTHER

Auto Purchase _____
 Educational(tuition/books) _____
 Auto Insurance _____
 Medical/Dental/Prescriptions _____
 Medical Insurance _____

DISCRETIONARY

Clothing _____
 Cable/TV/NetFlix/Blockbuster, etc. _____
 Entertainment (Fair/EXPO/Movies) _____
 Memberships (YMCA/Rec Districts) _____

My Family Budget Statement has been filled out to the best of my knowledge and ability.

Signature _____ Date _____
 Family Case Number _____

Community Services you use (circle all that apply):

Food Banks _____ Free/Reduced Meals _____
 Tools for Schools _____ Rec.Center/YMCA Scholarship _____
 Oregon Health Plan _____ Sliding Scale Medical _____
 Free Clothing Ctr. _____ College Scholarship/Grant _____
 NeahCasa/ResourceRm _____ DHS/Counseling Center _____

Vacation(s) _____
 Cigarettes _____
 Alcohol _____
 Pet Food and Supplies _____
 Pet Medical _____
 Storage Unit(s) _____
 Loan #1 _____
 Loan #2 _____
 Loan #3 _____
 Fines _____
 Collection Agencies _____
 Credit Card #1 _____
 Credit Card #2 _____
 Credit Card #3 _____
 Other _____
 Other _____

Office Use ONLY

Income (+/-10) _____ Pets _____
 Mortgage _____ Dependents _____
 Housekeeping (1/10) _____ Housekeeping (1/10) _____
 Attempt _____ Discretionary _____
 Children _____ #1 _____
 Senior _____ #2 _____
 Disabled _____ #3 _____
 Church/Pastor _____ Blanks _____
 CoOp. (1/10) _____ DF (1/10) _____
 Home Visit _____ On Site/Phone Only _____

TOTAL _____



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VEHICLE INFORMATION

Effective 1/1/09

It has come to our attention that Tillamook County Secret Angels needs to require the following information from any recipient of service, cash, gift card, and/or gift in kind. when the aforementioned assistance may be used, or has been used for the purchase of fuel, repair, parts, or insurance premium. We have to require the information even in cases where the gift card is issued at a retailer who sells fuel, parts or repair.

In times of severe economic challenges, Tillamook County Secret Angels must protect their liability and close every gap possible. Thank you for your understanding.

Copy of Oregon Drivers License and Proof of Insurance attached as of _____

VEHICLE #1

Make, Model, Year: _____

License Number: _____

Registration: _____

Vehicle registered in name(s): _____

Own(Not Making Payments)

Purchasing (Making Payments)

VEHICLE #2

Make, Model, Year: _____

License Number: _____

Registration: _____

Vehicle registered in name(s): _____

Own(Not Making Payments)

Purchasing (Making Payments)

VEHICLE #3

Make, Model, Year: _____

License Number: _____

Registration: _____

Vehicle registered in name(s): _____

Own(Not Making Payments)

Purchasing (Making Payments)

The above information is a true and honest statement of vehicle information. I further agree that only licensed and insured drivers will operate any of the above vehicles. All of the above owners do agree to hold harmless Tillamook County Secret Angels, their volunteers, and directors, from any loss or liability pursuant to the use or misuse of the above vehicles, regardless of fault.

Signature(s) followed by printed version

Date

Case Number _____

Tillamook County Secret Angels

IMPORTANT:

Read carefully and sign only if you understand all of the information below.

We are a private, non-profit organization that relies on the generosity of individuals' donations and services to assist people in need. We help many people, including families who would otherwise not be helped by any one else. We must know the truth about your need. Do not change the facts about your needs or resources. It is a crime of theft in the state of Oregon to receive goods and services with deception. If we discover that you intentionally deceived us in order to receive benefits, the Tillamook County Secret Angels, may forward, to the proper authorities, any information provided by you as evidence for criminal prosecution.

If you intentionally do any of the following, you may be breaking Oregon law.

1. Distorting the facts about your need or circumstances, in order to obtain goods, services, or cash assistance.
2. Providing false information or identification for the purpose of receiving goods, services, or cash assistance.
3. Providing false or misleading names or addresses for the purpose of receiving goods, services, or cash assistance.
4. Providing false information as to family or household composition, such as number of people in the household, individuals not living in the household, or declaring responsibility for individuals for whom you do not have responsibility.
5. Failing to disclose income or assets for the purpose of obtaining goods, services, or cash assistance.
6. Failing to declare non-confidential services, and applications for service with agencies, private or public, when making a request for assistance.

By signing this application, you do agree and affirm that all information provided is complete, accurate, and truthful to the best of your knowledge. By signing you also confirm that you fully understand all the aforementioned points (1 through 6 above), and violation of the above may be under penalty of law and may include fines and/or imprisonment.

Family Registration # _____ Household Last Name _____

Signed by: _____ Date _____

Caseworker's Signature _____ Date _____