

A large, stylized graphic in the background featuring a yellow sun with rays and a green leaf, both partially obscured by a light blue wave-like shape at the bottom.

Community Organizations Active in Disaster (COAD)

May 5, 2020



CHARLOTTE COUNTY
FLORIDA

System Overview

- Partners and Fund Sources
- Timeline
- Staffing and Process
- COAD Financial Assistance Report to Date
 - Households Served
 - Funds Expended
- Shifting Landscape
- COAD Task Force Updates



COAD System

- Fully Implemented 3/25/2020
- Other Communities Just Beginning
- Template Moving Forward

System Development

- Universal Application
- 8 Possible Funding Sources for Applicants
- Changing Landscape

Human Services Administered Programs

- LIHEAP (Low Income Home Energy Assistance Program – Federal pass through)
- EA/FHA (Emergency Assistance/Family Housing Assistance – County-funded)
- TANF (Temporary Assistance to Needy Families – Federal pass through)
- SHIP (State Housing Initiatives Partnership – State-funded)
- HEARTSHIP (Charlotte County Utilities program – customer-funded)
- CSBG (Community Services Block Grant – Federal pass through)

Gulf Coast Partnership Administered Programs

- SOS (Season of Sharing – Administered by United Way of Charlotte County/Community Foundation of Sarasota County Donated funds)
- HUG (Hand Up Grant – Administered by Gulf Coast Partnership / Charlotte Community Foundation Donated funds)

Financial Assistance Timeline

MARCH 2020

- 3/16 Partners met to form COAD
- 3/17 **BOCC Declaration of Emergency & COAD** website created
- 3/24 -783 applications for assistance
- 3/25 CCHS created and began processing Universal application

APRIL 2020

- 4/1 All (but one) Human Services Staff moved to process financial applications
- 4/7-3 Fiscal staff trained and taking financial applications
- 4/13 Community Services staff began taking 211 calls
- 4/24-5 additional Fiscal staff trained and taking financial applications

MAY 2020

- 5/1 Eligibility and funding amounts changing
- **5/5 Over \$168,000 in assistance provided**
- 5/16 Ban on evictions lifts
- Community and State will begin to re-open
- Economics of “new normal”

Staffing

- Human Services (26 FTE)
- Fiscal (8 staff adding this to regular duties)
- Community Services (9 FTE/PTE)
- Gulf Coast Partnership (2 FTE)
- United Way Charlotte County (1 FTE)
- Volunteers

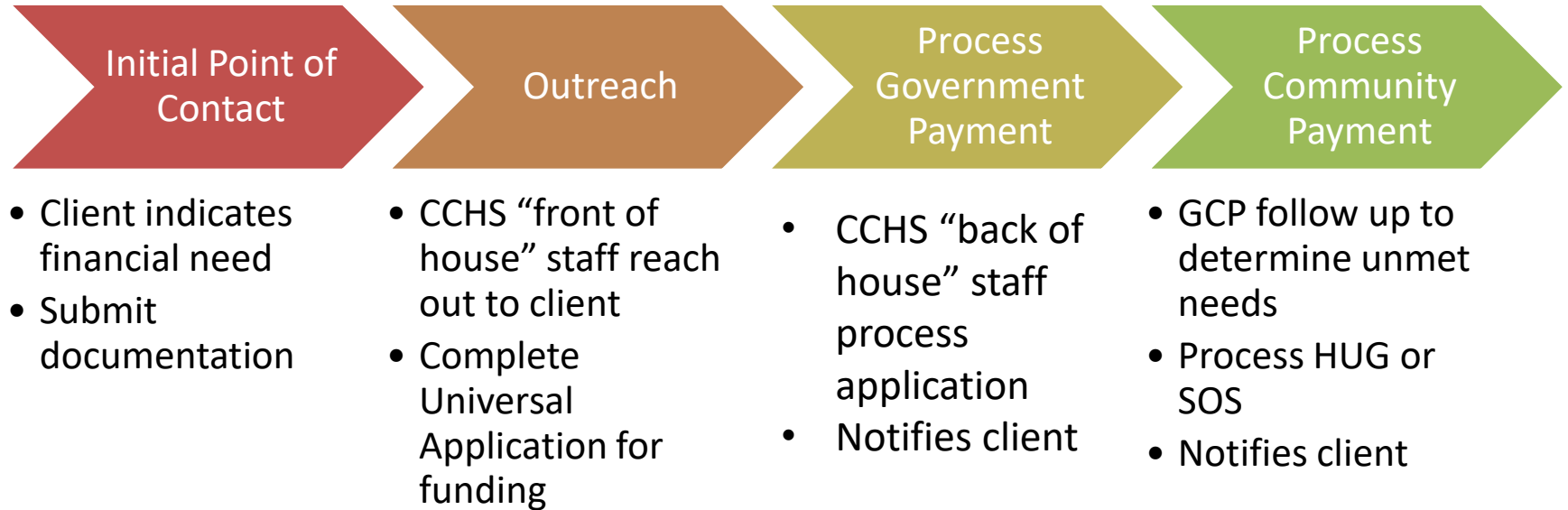
Types of Assistance

- Eligible
 - Rent/Mortgage
 - Utilities
 - Car Payments/Auto Insurance
 - Cell Phone/Internet Payments
 - Licensed Child/Elder Care Payments
- Ineligible
 - Credit Card Payments
 - Tax Bills
 - Other Non-Essential Bills

All payments are made to vendors. No payments are ever made to the client.



Process Map



VETTING and ELIGIBILITY

Human Services Assistance Application

Name: (First Last) Rent Mortgage Electric Water Gas (for home) Sewer Other Other

DOB/AGE: _____ SSN: _____ Disability: Yes No

Address: _____ Florida County: Charlotte FL 6092 ZIP Code: _____

Place less than 1 year; previous address: _____ Phone: _____

Sex: Male Female Number of people in the household: _____

Marital Status: Married Partnered Single Separated Divorced Widowed

Education Level: D-8 9-12 High School Grad/GED 12+ Some Post-Secondary College Grad _____ years

Race: White Black/African American Asian Native Hawaiian/Pacific Islander American Indian/Alaska Native Other

Ethnicity: Hispanic/Latino Non-Hisp/Latino Veteran: Yes No Primary Language: English Spanish Other

Applicant's income type(s): _____ Applicant's monthly income amount: _____

Other assistance: SNAP WIC Medicaid Medicare Employer insurance Other insurance TANF Child Support

Are you or any member of the household a Human Services employee or related to a Human Services employee? Yes No

IH Member 2 Name: _____ DOB/AGE: _____ SSN: _____ Race: _____ Ethnicity: _____

Gender: M F Relationship: Disabled? Yes No Yes No

Monthly income: _____ Disability? Yes No Yes No

Education Level: D-8 9-12 High School Grad/GED 12+ Some Post-Secondary College Grad _____ years

Other assistance: SNAP WIC Medicaid Medicare Employer insurance Other insurance TANF Child Support

Is there domestic violence? Yes No Would you like a referral to C.A.R.E.? Yes No

Are all household members U.S. citizens or aliens lawfully admitted for permanent residence? Yes No

Dwelling Type? Mobile Home/Own Mobile Home/Rent Queen: Occupied Rent APARTMENT, MOBILE, PRIVATE HOME

Monthly Rent or Mortgage/Payers \$: _____ Utilities Included: Yes No Does applicant live in government subsidized housing, such as Section 8? Yes No. Complex name: _____

Does applicant live in a dormitory, adult family care home, or any group living facility? Yes No Facility name: _____

Have you or any member of your household received Neighborhood Services assistance in the last 12 months? Yes No

If yes, type of Assistance: Employment Education Housing Intervention Utilities Home improvement Health/Recreation

The information provided on this application, to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medically needy, or children reside. I authorize the agency to make benefit payments on my behalf.

Applicant Signature: _____ Date: _____ Co-Applicant Signature: _____ Verbal Name: _____ Date: _____

STAFF USE ONLY: Application is: Approved Denied (Reason: _____)

Intake/Case Manager: I have determined the eligibility of the applicant. I am not the applicant, nor am I a friend, relative, or employer of the applicant.

CCIB Intake/Case Manager Signature: _____ Printed Name of Intake/Case Manager: _____ Date: _____

Supervisor/Reviewer Signature: I have reviewed the application and eligibility determination for errors and appropriate file documentation prior to allowing payment.

CCIB Supervisor/Reviewer Signature: _____ Printed Name of Supervisor/Reviewer: _____ Date: _____

ALL CLIENTS SHOULD SIGN THE FRAUD POLICY, AUTHORIZING THE RELEASE OF INFORMATION, CONFIDENTIALITY OF SOCIAL SECURITY, AND PRIVACY POLICY FOR CSBG, TANF, HEARTSHIP, AND IVIA BENEFITS

CSBG Form adopted by Neighborhood Services 1/15/2013 Rev. 1/11/2020

COVID-19 Assistance File Checklist

Client Name: _____ Phone: _____

Application Date: _____ Contact Date: _____ Due Date (5 days from contact): _____

- Obtain the appropriate documents for the application and upload into the applicant's folder in the One-Drive. Move the folder to the Pending Folder once completed in full.

Rec'd Date

Y/N A. Completed Case Review Sheet

Y/N B. Completed Human Services Assistance Application. Use 2nd page only if 3+ IH members

Y/N C. Photo ID for all IH members age 18+

Y/N D. Birth Certificates for all children in IH (Shot Record, WIC card, or Student info page w/ address from yourcharlottechools.net Focus portal if cannot obtain BC)

Y/N E. Social Security Card for All IH members. (Can provide IRS document with full SSN in lieu of)

Y/N F. Proof of all GROSS income for past 30 days (wages, SS benefits, child support, UFI, pension, etc.)
Wages for youth under 18 are not included, but unearned benefits (SS, TANF, etc.) are.

Y/N G. Zero Income Statements for all IH members 18+ with no income in the past 30 days.

Y/N H. Current Food Stamp Award Letter listing all household members if receiving E.S.

Y/N I. Lease, W-9, and Prop. Appraiser printout for rent or Mortgage Statement and Prop. Appraiser

Y/N J. Copies of bills requesting assistance for

Y/N K. Proof of Crisis due to COVID-19 (Paystubs showing previous hours, etc.)

Y/N L. Policies Signature Release and DEO Signature Release Complete

Y/N M. Ensure all documents are uploaded in the applicant's folder in One Drive

Y/N N. Cut Client folder from your Assignments folder and Paste into the Pending file

Created 5/24/2020

CASE OVERVIEW - COVID-19 ASSISTANCE

First Applied Date: _____ Appl Complete Date: _____ Phone #: _____

Client Name: _____ Email: _____

Assessment (Brief HH summary and why assistance requested due to COVID): _____

Receiving Food Stamps? Y or N _____ Number of Bedrooms (Rent/Mortgage Only) _____

Request(s) (Check & Amt) Rent \$ _____ Mortgage \$ _____ Gas (for home) \$ _____
 Electric \$ _____ Water \$ _____ Other \$ _____

Status of Child Support: _____

Include GROSS income for past 30 days all household members from all sources, including wages, self-emp, TANF, child support, unemployment, Social Security, VA benefits, pensions, alimony, Worker's Comp, etc. Earned Income (wages) for youth under 18 excluded, but SS and child support must be counted
***PLEASE LIST ALL HH MEMBERS BELOW AND ENTER 0 FOR INCOME IF NONE**

IH Member Name:	Monthly Income #1	Monthly Income #2	Total Monthly

HH Size: # Adults/Children: _____ / _____ Total HH Income: Monthly \$ _____ Annual \$ _____

Income Limit:	1	2	3	4	5	6	7	8	9
HH Size:	2081.67	2818.33	3550	4291.67	5028.33	5765	6501.67	7238.33	7975

Circle: Approved or Denied _____ Denial Reason: Over Income _____ Info Not Provided _____ No Crisis _____ Other _____

Staff Completing Intake: _____ Sign _____ Print _____ Date _____

Edit/Review Staff Only: _____ Sign _____ Print _____ Date _____

LIHEAP: _____ CSBG: _____ FHA: _____ EA: _____ TANF: _____
SHIP: _____ HeartShip: _____ SOS: _____ COAD: _____

Created 3/23/2020



APPLICATION STATUS	
Unduplicated Applications Received To Date	1325
Average Daily Applications (4/16 To Date)	21
Average Case Processing Rate (4/16 To Date)	90.4%
Under CCHS/GCP Case Management	298/153
Applications Pending Assignment	148
Households Funded To Date	133
Closed/Ineligible	9
Average Assistance Per Household	\$1,268.72

COAD Financial Assistance Report

as of 5/1/2020

COAD FUNDING SOURCES	% of Federal Poverty Level (FPL) Or Area Median Income (AMI)	Starting Balance 3/25/20	Expended to Date 5/1/20
LIHEAP	150% FPL	\$3	\$16,345.19
CSBG	125% FPL	\$68,897.13	\$38,536.36
FHA/EA	200% FPL	\$47,049.62	\$25,341.39
HeartShip	200% FPL	\$16,834.11	\$1,559.10
TANF	200% FPL	\$9,567.57	\$4,160.01
SHIP	50% AMI	Pending	\$0
SOS		Based on Donations	\$34,236.84
HUG		Based on Donations	\$48,561.29
TOTAL			\$168,740.18

Changing Landscape

May 2020

- New eligibility criteria (CSBG to 200% FPL; SHIP to 80% AMI; increased benefit amounts)
- New funding (LIHEAP; CSBG; SHIP; donations)
 - Community Foundation HUG grant has raised \$200,000 with new donation matching opportunity available
- Revised income verification policy
- “New Normal”
 - 90% first time applicants
 - 70% from hospitality industry

Working For You

- COAD Task Force Updates
 - Financial Assistance
 - Special Populations
 - Food Assistance
 - Youth and Education
 - Business Recovery

Questions?