

## STCH Application for Services (2018-2019)

To apply for services at South Tulsa Community House (STCH), please complete this application by printing clearly and filling in our requested information. We are unable to provide services until your application is complete AND all information verified. This application expires June 30, 2019.

### I. Applicant Information

First Name		Middle Initial	Last Name	Last 4 digits of SSN ____ _
Birthdate (MM/DD/YY)	Age	Sex/Gender: M ___ F ___ Other ___ Disabled: Yes ___ No ___ Veteran: Yes ___ No ___		Are You Pregnant? Yes ___ No ___
Marital Status: ___ Single ___ Married ___ Domestic Partnership ___ Widow ___ Separated ___ Divorced				
Street Address			Apt/Unit #	Name of Apartment Complex
City	State	Zip Code	Email address	
Do you live in subsidized housing? Yes ___ No ___		Cell or Home Phone Number  (____) _____ - _____		

What is your ethnicity? Everyone should check one.	
Hispanic or Latino	<input type="checkbox"/>
Non-Hispanic or Non-Latino	<input type="checkbox"/>

What is your race? Everyone should check one.	
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Multi-Racial or Other	<input type="checkbox"/>

Please answer both the ethnicity and race questions.

Please tell us more about you. Check all that apply to your current situation.			
Employed, full-time	<input type="checkbox"/>	Dropped out of school, last grade _____	<input type="checkbox"/>
Employed, part-time	<input type="checkbox"/>	Graduated from high school	<input type="checkbox"/>
Unemployed, not looking for work	<input type="checkbox"/>	Completed GED or high school equivalency	<input type="checkbox"/>
Unemployed, looking for work	<input type="checkbox"/>	Graduated from college	<input type="checkbox"/>
Graduated from a Trade or Technical school	<input type="checkbox"/>	Attended but didn't graduate from college	<input type="checkbox"/>
Attended a Trade or Technical school	<input type="checkbox"/>		<input type="checkbox"/>

### II. Household Information

Please check ALL that apply.			
Single Parent (Female)	<input type="checkbox"/>	Single Parent (Male)	<input type="checkbox"/>
Single Person with no children or roommates	<input type="checkbox"/>	Single Person with roommates	<input type="checkbox"/>
Two Parent family	<input type="checkbox"/>	Foster Parent(s)	<input type="checkbox"/>
Grandparent (s) and grandchild (ren)	<input type="checkbox"/>	Non-custodial Caregiver	<input type="checkbox"/>
Couple with NO children	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

### III. Spouse / Partner Information

First Name	Last Name	Last 4 digits of SSN ____ _	Age
Sex/Gender: M__ F__ Other __	Served in the Military: Yes __ No __	Disabled: Yes __ No __	
Cell Phone Number (If different than yours): (____) _____ - _____		Is Your Spouse Pregnant? Yes __ No __	

What is their ethnicity? Everyone should check one.	
Hispanic or Latino	<input type="checkbox"/>
Non-Hispanic or Non-Latino	<input type="checkbox"/>

What is their race? Everyone should check one.	
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Multi-Racial or Other	<input type="checkbox"/>

Please answer both the ethnicity and race questions.

Please tell us more about you. Check all that apply to your current situation.			
Employed, full-time	<input type="checkbox"/>	Dropped out of school, last grade _____	<input type="checkbox"/>
Employed, part-time	<input type="checkbox"/>	Graduated from high school	<input type="checkbox"/>
Unemployed, not looking for work	<input type="checkbox"/>	Completed GED or high school equivalency	<input type="checkbox"/>
Unemployed, looking for work	<input type="checkbox"/>	Graduated from college	<input type="checkbox"/>
Graduated from a Trade or Technical school	<input type="checkbox"/>	Attended but didn't graduate from college	<input type="checkbox"/>
Attended a Trade or Technical school	<input type="checkbox"/>		<input type="checkbox"/>

### IV. Besides You & Your Spouse, who else lives in your home?

First & Last Name of Household Member	Sex/Gender: M__ F__ Other __
	Current Age: _____
Are they in school? Yes __ No __	Are they working? Yes __ No __
	Disabled? Yes __ No __
	Serve in the Military? Yes __ No __

What is their ethnicity? Everyone should check one.	
Hispanic or Latino	<input type="checkbox"/>
Non-Hispanic or Non-Latino	<input type="checkbox"/>

What is their race? Everyone should check one.	
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Multi-Racial or Other	<input type="checkbox"/>

Please answer both the ethnicity and race questions.

First & Last Name of Household Member	Sex/Gender: M__ F__ Other __
	Current Age: _____
Are they in school? Yes __ No __	Are they working? Yes __ No __
	Disabled? Yes __ No __
	Serve in the Military? Yes __ No __

What is their ethnicity? Everyone should check one.	
Hispanic or Latino	<input type="checkbox"/>
Non-Hispanic or Non-Latino	<input type="checkbox"/>

What is their race? Everyone should check one.	
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Multi-Racial or Other	<input type="checkbox"/>

Please answer both the ethnicity and race questions.

First & Last Name of Household Member		Sex/Gender: M ___ F ___ Other ___	
		Current Age: _____	
Are they in school? Yes ___ No ___	Are they working? Yes ___ No ___	Disabled? Yes ___ No ___	
		Serve in the Military? Yes ___ No ___	
What is their ethnicity? Everyone should check one.		What is their race? Everyone should check one.	
Hispanic or Latino		American Indian or Alaska Native	
Non-Hispanic or Non-Latino		Asian	
		Black or African American	
		Native Hawaiian or Other Pacific Islander	
		White	
		Multi-Racial or Other	

Please answer both the ethnicity and race questions.

First & Last Name of Household Member		Sex/Gender: M ___ F ___ Other ___	
		Current Age: _____	
Are they in school? Yes ___ No ___	Are they working? Yes ___ No ___	Disabled? Yes ___ No ___	
		Serve in the Military? Yes ___ No ___	
What is their ethnicity? Everyone should check one.		What is their race? Everyone should check one.	
Hispanic or Latino		American Indian or Alaska Native	
Non-Hispanic or Non-Latino		Asian	
		Black or African American	
		Native Hawaiian or Other Pacific Islander	
		White	
		Multi-Racial or Other	

Please answer both the ethnicity and race questions.

<b>Check All That Apply to Your Household</b>			
<input type="checkbox"/> Child Support	<input type="checkbox"/> Social Security	<input type="checkbox"/> Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Supplemental Social Security Income (SSI)
<input type="checkbox"/> Employment Income	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Veterans Benefits
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Veterans Healthcare (VA)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Medicaid / Medicare / SoonerCare			
<input type="checkbox"/> Side Jobs / Sells Plasma / Other			
<input type="checkbox"/> No Financial Resources			
<input type="checkbox"/> Self-Employed			
<input type="checkbox"/> Section 8 / Subsidized Housing			
<input type="checkbox"/> WIC			

**Do you have a Case Manager or Social Worker that is helping you or your family?** This could be someone from Department of Human Services, Veterans Services, Disability, Mental Health Association of Oklahoma, DVIS, Family & Children's Services, etc. If yes, please complete the following information.

Name	Agency They Work With	Phone if you know it

**What services are you interested in? (check all that apply):**

<input type="checkbox"/>	Food	<input type="checkbox"/>	Hygiene products
<input type="checkbox"/>	Use the copier	<input type="checkbox"/>	Use the telephone
<input type="checkbox"/>	Use the computer / internet	<input type="checkbox"/>	Use the fax machine
<input type="checkbox"/>	Bus tokens	<input type="checkbox"/>	Get help with job search
<input type="checkbox"/>	Learn about free GED classes	<input type="checkbox"/>	Get help with creating resume
<input type="checkbox"/>	Case Management or Counseling	<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Other (please describe):		

**V. Required Documentation**

- A. Valid photo identification: Driver’s License, State Identification card, Passport, or Tribal Card for everyone 18 and older – we will make a copy of this and keep in your file. This proves identity.
- B. Social security cards for minors not listed on your lease – we will NOT make a copy of these. This proves household membership.
- C. A current lease with an expiration date of July 1, 2018 or later OR a current utility bill. This proves residency.
- D. This application form, completed fully.



**VI. Application Signatures & Certifications**

South Tulsa Community House is prohibited from discriminating on the basis of race, color, ethnicity, religion, sex, national origin, age, disability, sexual orientation, gender identity, veteran status, and retaliation for prior civil rights activity. We provide regular services to clients based upon our pre-defined service area and Federal Government Census Tracts. We are required by certain Federal-based programs to collect the information on this application for statistical or reporting purposes only; your name or the name of household members(s) will not be released to third parties.

**Please read and then initial each section:**

<input type="checkbox"/>	I understand that my application for services expires on June 30, 2019 and to continue receiving services after June 30, 2019, I will need to update my application and provide the required documents
<input type="checkbox"/>	I understand that my application is not complete AND I cannot receive services until I have provided the required proof of residency and identity for all members of my household
<input type="checkbox"/>	I understand that services are free and based upon a first come – first serve basis
<input type="checkbox"/>	I understand that adding people to my household will require proof of residency and identity before I receive services for them
<input type="checkbox"/>	I understand that I am responsible for myself and members of my household acting in a respectful and courteous manner and that person(s) may be banned from the STCH facility and services
<input type="checkbox"/>	I confirm that all information provided on this application and any and all documents provided are true and correct
<input type="checkbox"/>	I understand and agree that if any of the information I have provided in this application changes, I will notify STCH of those changes within 30 days
<input type="checkbox"/>	I received a copy of the Non-Discrimination statement

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The Emergency Food Assistance Program (TEFAP)**  
**Certification of Eligibility**

Applicant Name: \_\_\_\_\_ Number of People in Household: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

The following shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. The chart below is effective from July 1, 2018 to June 30, 2019.

The chart details eligibility criteria for annual income, monthly income, and weekly income.

My total household income is \$ _____.  Circle what this income is:  Annual Monthly Weekly Other: _____	Household Size	Annual Income	Monthly Income	Weekly Income
	1	\$22,459	\$1,872	\$432
	2	\$30,451	\$2,538	\$586
	3	\$38,443	\$3,204	\$740
	4	\$46,435	\$3,870	\$893
	5	\$54,427	\$4,536	\$1,047
	6	\$62,419	\$5,202	\$1,201
	7	\$70,411	\$5,868	\$1,355
	8	\$78,403	\$6,534	\$1,508
	For each add'l family member add:	+ \$7,992	+ 666	+ \$154

You are eligible to receive food from TEFAP (USDA Commodities) if your household meets the income guidelines above or participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

- Income eligibility
- Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps)
- Temporary Assistance to Needy Families (TANF)
- Medicaid

Please read the following statement carefully and then sign the form and write in today's date. You only need to meet one of these requirements to be eligible to receive USDA foods.

*I certify that my yearly household gross income is at or below the income listed on this form for households with the same number of people OR that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Oklahoma. This certification is being submitted in connection with the receipt of Federal assistance. Program Officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS CERTIFICATION IS VALID FOR A PERIOD OF ONE YEAR and may be renewed as needed. Any changes in the household's circumstances must be reported to the STCH immediately.**



## Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.