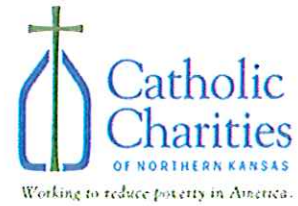


REACH

(Helping people with physical/mental disabilities)

Application for Support



Application Date: _____

Applicant's Name: _____ DOB: _____

(Person with disability)

Applicant's Address: _____

City, State, Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of person completing application: _____ Relationship to Applicant: _____

Annual gross family income: _____

Other sources of income: _____
(Child support, maintenance, trust funds, legal settlements, or monies in other special fund)

Is anyone in your household employed? (Circle) Yes / No

Please list by name & place of employment: _____

Number of persons in family: _____ (including person with disability)

Does anyone else in your household a disability? (Circle) Yes / No Who: _____

If yes, who and what is the special need: _____

Are you qualified for Disability/SSI/MR? _____ Yes _____ No

If yes, which do you receive? _____

Do you have a County Social Worker/Service Coordinator? (Circle) Yes / No

Name: _____ Phone: _____

Have you received assistance from any other social service agency within the past 12 months? (Circle) Yes / No

If yes, please identify the agency and describe the assistance received: _____

Please specify the reason for assistance? (List as much detail as possible)

Please attach additional sheets of paper as necessary to fully describe your circumstances and request.

Multiple horizontal lines provided for writing a detailed explanation of the reasons for assistance.

How will these funds be used?

Please attach any receipts or estimates to verify.

Please note the following:

- Funds may be awarded to assist with uncovered medical expenses or special needs that would benefit the family member(s) with the disability.
- Applications will be reviewed once a month by a committee who will determine awards and amounts.
- Proof of expenditures may be required. Documentation of projected expenses is strongly suggested.
- Applications *may* be awarded up to \$500 every 12 months, subject to the availability of funds and approval by the committee. The committee expressly reserves the right to adjust the maximum amount awarded at any time.
- The completion of this form does not guarantee you have been approved for assistance. You will be notified after the committee has decided.

Signature of person completing application: _____ Date: _____

For Internal Office Use Only:

Reviewer Notes:

Approved on: _____ Amount Approved For: _____

Denied on: _____ Notified Client on: _____



Client Consent and Release of Information

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to _____ (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other people with special needs in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- All agencies that use MAACLink will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive assistance.
- My information may be shared with a third party (utility provider, landlord, etc) in order to process the service I have requested.
- I have the right to a printed copy of my MAACLink file.

(Optional) Check this box to give consent for your photo to be uploaded to MAACLink.

Client Name (Printed)	Client Signature	Date

Agency Representative Name (Printed)	Agency Representative Signature	Date

Each MAACLink agency will require you to sign this form at least annually. If after you sign this form you decide you no longer would like your information entered into MAACLink, please complete the Client Revocation Form. If you do not revoke this authorization, it will automatically expire on _____ or one year from the date you sign and date this form.