



COVID-19 Relief Funds APPLICATION

Limited funds for individuals/ families who have been impacted by COVID-19

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Monthly Gross Household Income: \$ _____ # in household: _____

Type & Amount of Assistance Requested- additional documents (such as bills) are requested

\$ _____ Health Insurance \$ _____ Water Bills \$ _____ Utility Bills \$ _____ Rent \$ _____ Technology

\$ _____ Other (explain) _____

Briefly describe how you were impacted by COVID-19 and the type of assistance you are requesting:

I certify that the information I am providing is correct.

Date: _____

Applicant Signature (typed is acceptable) _____

Please Include:

- Application (this form)
- COVID- Client Intake Form
- Assistance Documents (bills, etc.)

Email application & documents to
COVIDsupport@pacecaa.org

If you have been referred from another agency:

Agency Name: _____

Agency Contact Information: _____

Pace use only Amount Provided	Household/ Family Size		
	250%	200%	
	1	\$2,683	2,147
\$ _____ Health Insurance	2	\$3,629	2,903
\$ _____ Utility Bills	3	\$4,575	3,660
\$ _____ Rental	4	\$5,521	4,417
\$ _____ Technology	5	\$6,467	5,173
\$ _____ Other	6	\$7,413	5,930
	7	\$8,358	6,687
		Monthly	Monthly

\$ _____ Health Insurance \$ _____ Water Bills
\$ _____ Utility Bills \$ _____ Technology
\$ _____ Rental \$ _____ Other

Application Reviewed CSBG
 CARES Community
 Foundation- Knox
United Way- Daviess

COVID-Client Intake Form



Name: _____

Phone Number: _____

Street Address: _____

City: _____

Zip: _____

Family Type <input type="checkbox"/> Single Person <input type="checkbox"/> Non-related adults with children <input type="checkbox"/> Two Adults / no children <input type="checkbox"/> Multigenerational home <input type="checkbox"/> Single parent – female <input type="checkbox"/> Other <input type="checkbox"/> Single parent – male <input type="checkbox"/> Two parent household		Type of Home <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Camper	Ownership of Home <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless	Household Income Estimate the gross MONTHLY income for the home. \$ _____
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Please list all household members who reside in your home – all questions must be answered for each household member.
Use the codes below to answer the boxes in color.

Name	Date of Birth	Last 4 digits Social Security # Head of Household Only	Sex M/F	Race Code	Hispanic Y/N	Military Status Y/N	Disabled Y/N	Health Insurance Code	Education Level	Work Status	Income Source Code(s) List all that apply for the past 12 months
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Race Codes	Military Status	Health Insurance Codes	Education Level	Non-Cash Benefits		
A. American Indian B. Alaska Native C. African American D. Native Hawaiian or Pacific Islander	E. White F. Multi-Race G. Other	A. Veteran B. Active Duty C. Other D. Military	E. Medicaid F. Medicare G. Other H. Military	E. Hoosier Healthwise F. HIP Adult G. Employment Base H. Direct Purchase I. None	A. Grades 0-8 B. Grades 9-12, non-graduate C. HS Graduate / GED D. HS Graduate, some college E. 2 or 4 year college graduate	<input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Housing (rental assistance) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy

Work Status	Income Source(s) Codes			
A. Employed full-time B. Employed part-time C. Migrant / seasonal worker D. Unemployed (6 months or less)	E. Unemployed (6 months or more) F. Never entered workforce G. Retired H. Other	A. Employment B. Social Security C. TANF D. Unemployment E. Worker's Comp	F. SSI G. Alimony H. Pension I. Child Support	J. Self-Employment K. VA Benefit L. Other M. No Income