



## 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.*

Applicant Signature (typed is acceptable) \_\_\_\_\_ Date: \_\_\_\_\_

**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

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

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

Household/ Family Size	250%	200%
1	\$2,683	2,147
2	\$3,629	2,903
3	\$4,575	3,660
4	\$5,521	4,417
5	\$6,467	5,173
6	\$7,413	5,930
7	\$8,358	6,687
	Monthly	Monthly

# COVID-Client Intake Form



Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

## Family Type

- ☐ Single Person  
☐ Two Adults / no children  
☐ Single parent – female  
☐ Single parent – male  
☐ Two parent household  
☐ Non-related adults with children  
☐ Multigenerational home  
☐ Other

## Type of Home

- ☐ Apartment  
☐ House  
☐ Mobile Home  
☐ Camper

## Ownership of Home

- ☐ Rent  
☐ Own  
☐ Homeless

## Household Income

Estimate the gross **MONTHLY** income for the home.

\$ \_\_\_\_\_

**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	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
<b>A.</b> American Indian <b>B.</b> Alaska Native <b>C.</b> African American <b>D.</b> Native Hawaiian or Pacific Islander <b>E.</b> White <b>F.</b> Multi-Race <b>G.</b> Other	<b>A.</b> Veteran <b>B.</b> Active Duty	<b>A.</b> Medicaid <b>B.</b> Medicare <b>C.</b> Other <b>D.</b> Military <b>E.</b> Hoosier Healthwise <b>F.</b> HIP Adult <b>G.</b> Employment Base <b>H.</b> Direct Purchase <b>I.</b> None	<b>A.</b> Grades 0-8 <b>B.</b> Grades 9-12, non-graduate <b>C.</b> HS Graduate / GED <b>D.</b> HS Graduate, some college <b>E.</b> 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			
<b>A.</b> Employed full-time <b>B.</b> Employed part-time <b>C.</b> Migrant / seasonal worker <b>D.</b> Unemployed (6 months or less) <b>E.</b> Unemployed (6 months or more) <b>F.</b> Never entered workforce <b>G.</b> Retired <b>H.</b> Other	<b>A.</b> Employment <b>B.</b> Social Security <b>C.</b> TANF <b>D.</b> Unemployment <b>E.</b> Worker's Comp <b>F.</b> SSI <b>G.</b> Alimony <b>H.</b> Pension <b>I.</b> Child Support <b>J.</b> Self-Employment <b>K.</b> VA Benefit <b>L.</b> Other <b>M.</b> No Income			