



Sangamon County Community Resources  
2833 South Grand Avenue East  
Springfield, IL 62703  
Office: 217-535-3120 Fax: 217-535-3119

Dear Vocational School Applicant,

You recently inquired about the Fishes and Loaves Certified Nurse Assistant Program. In order to determine if you are eligible, we will need you to fill out the enclosed forms and provide copies of certain documents.

1. Please read, sign and date the **Universal Signature Form**.
2. Please fill out the **Household Information Sheet** completely.
3. **Narrative:** Tell us about yourself, why you have chosen this career path and give us two goals you have for yourself and your family.
4. We will need copies of the following documents to process your application
  - Photo ID for all household members age 18 or older
  - Social Security Cards for all household members
  - Income for the last 90 days
  - Any documents you have from Fishes and Loaves

**Failure to provide these documents will cause a delay in processing your application**

There is a copy machine in our lobby available from 9am to 4pm

5. You will need to meet income guidelines in order to qualify for assistance.
6. You must disclose ALL income. This includes but is not limited to employment, self-employment, Workers Compensation, Unemployment, TANF, AABD and any stipends you may receive, social security income, child support or alimony, pension or VA benefits.
7. If you believe you are **entitled to child support** and do not have an order in place, please ask your case manager for a packet to Child Support Enforcement.
8. Please have this packet back to us to process within one week to process in a timely manner.
9. We will notify you within five business of your status.

The Sangamon County Department of Community Resources strives to improve the quality of life for the people in need in Sangamon County through department programs, services and referrals that promote economic stability and/or self-motivation.

## Universal Signature Page

**IMPORTANT NOTICE:** This state of Illinois grantee agency, Sangamon County Community Resources, is requesting disclosure of information that is necessary to accomplish a complete application for:

<input checked="" type="checkbox"/>	Community Service Block Grant (CSBG)
<input type="checkbox"/>	Illinois Home Weatherization Assistance Program (IHWAP or Weatherization)
<input type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) program

**APPLICANT STATEMENT:** I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

For LIHEAP and IHWAP I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.

I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



