



Application for Assistance

Helping Hearts & Hands (HHH) provides one-time assistance for individuals and families who have a special need that cannot be met through their own resources and threatens their self-sufficiency.

Applicant must be a resident of Jefferson or Denver County

APPLICATION MUST BE FILLED OUT COMPLETELY. APPLICATIONS MAY BE FAXED (303-339-6463 OR 303-936-0211), EMAILED (helpingheartsandhands@jeffcoac.org), OR MAILED TO HELPING HEARTS AND HANDS, P.O. BOX 150609, LAKEWOOD, CO 80215, BY THE REFERRING AGENCY. APPLICATIONS ARE NOT ACCEPTED DIRECTLY FROM CLIENTS.

TO BE COMPLETED BY CASEWORKER:

Applicant's Name: _____ County of Residence: _____

Referring Agency: _____

Caseworker: _____ Email Address: _____

Phone: (____) _____ FAX: (____) _____

Agency Address: _____

City: _____ County: _____ State: ____ Zip Code: _____

Before this application will be considered, a minimum of three other resources for assistance must be accessed. Please describe the three resources applicant has already contacted.

1. Name of Resource: _____

Contact Person: _____ Phone: _____

Request: _____

Response: _____

2. Name of Resource: _____

Contact Person: _____ Phone: _____

Request: _____

Response: _____

3. Name of Resource: _____

Contact Person: _____ Phone: _____

Request: _____

Response: _____

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____

Address: _____ **Housing Type:** _____

City: _____ **County:** _____ **State:** ____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Message Phone:** _____

Date of Birth: _____ **Ethnicity:** _____ **Homeless: Yes** ____ **No** ____

Disabled: Yes ____ **No** ____ **Gender: M** ____ **F** ____ **Annual Income:** _____

Other Members in the Household:

Name: _____ **Age:** _____ **Relationship to Applicant:** _____

Applicant's Resources:

Employment Income: \$ _____ **Rent Subsidy** \$ _____ **TANF:** \$ _____

Food Stamps: \$ _____ **Child Care** \$ _____ **SSI:** \$ _____

SSDI: \$ _____ **Other (amount and description):** \$ _____

Applicant's Expenses:

Rent/Mortgage: \$ _____ **Car Payment:** \$ _____ **Utilities:** \$ _____

Extraordinary expenses (amount and description): \$ _____

TO BE COMPLETED BY APPLICANT:

REQUEST:

Amount: \$ _____

What the support will be used for: _____

Landlord or vendor to receive payment:

Name: _____

Address: _____

City: _____ **State:** ____ **Zip Code:** _____

Phone: _____

Please include a bill, invoice or other paperwork that documents your need. If application is for car repair, please attach a copy of an estimate from a car repair shop.

If application is for energy assistance:

- Attach copy of your last bill.**
- Acct. #** _____
- Have you applied for LEAP? __ Yes __ No** If you applied for LEAP and were denied, please explain reason for denial. _____

HELPING HEARTS & HANDS RELEASE

The following must be filled out completely, signed by the applicant and a representative of the referring agency.

Helping Hearts & Hands is an organization that relies on contributions from the community.

I, _____, wish to participate in the Helping Hearts & Hands program and agree to the following criteria:

- I understand that Helping Hearts & Hands, through community support, **will attempt** to provide assistance in meeting my needs.
- I give permission for Helping Hearts & Hands to **publish my story**, without my name, on the web and in other publications.
- I certify that I **have not previously received assistance** from the Helping Hearts & Hands program, except for power (EOC).
- I understand that any monies donated to meet my needs **will not be given to me directly**, but will go to the provider of the items or services I receive.

Signature of Applicant

Date

Signature of Agency Contact

Date

For Clients Seeking Energy Assistance Confidentiality Agreement

This section should be filled out only by those clients seeking assistance with their energy (electricity, heat) needs. All other clients may ignore this section.

The following is a confidentiality agreement to allow Helping Hearts and Hands staff and Colorado Energy Assistance Foundation (CEAF) to share with other agencies whatever essential information about your case that might be helpful in getting resources to meet your personal needs. Any information will be given without discrimination and with discretion for your rights. I hereby give my permission to any duly authorized representative of Helping Hearts and Hands and the Colorado Energy Assistance Foundation of any and all liability for supplying or requesting such information. This shall be in effect until I state in writing that it is no longer valid.

Client Name

Helping Hearts and Hands Staff

Signature of Client

Case Number

Date

Date