



Community Services Block Grant CARES NC Program
EMERGENCY ASSISTANCE
Pre-screening and Needs Assessment

Appointment Date and Time:

Phone: () _____

Name: _____

Last
First
MI

Address: _____, NC _____

Street, Apt #
City
Zip

I CURRENTLY HAVE UNMET NEEDS DUE TO THE RESULT OF COVID-19

YES NO

LIST APPLICANT AND ALL OTHER HOUSEHOLD MEMBERS

Last Name/First Name	Relationship	SSN	DOB	Age	Sex	Race

(Explain and obtain applicant signature for ROI and NORTA. Provide copies to applicant.)

IMMEDIATE GOALS FOR FAMILY

Crisis Intervention
 Establish Long-term Goals
 Resources and Referrals

Assistance needed	Amount	Date Due
1.		
2.		
3.		

(Request to view original copies of bills, leases, invoices, etc.)

HOUSEHOLD INCOME *(calculate using the Income Eligibility Worksheet)*

Income Source	Monthly Income	90 Day Income
Total Reported:		

BUDGET WORKSHEET

Household Expenses	Monthly Amount Due	Current/Up-to-date Yes ✓ or No (please explain)
Rent or Mortgage		
Electricity		
Cooking Gas or Heating Fuel		
Water		
Telephone (home/cellular)		
Cable and Internet		
Furniture/Appliances		
Car Payment		
Car Insurance		
Household Supplies		
Child Care		
Groceries		
Gas		
Car Repairs/Maintenance		
Health/Hygiene		
Other (specify)		
TOTAL		

LONG RANGE GOALS (Please list 1-3 goals and desired time-frame for completion).

- 1.
- 2.
- 3.

How have you and your family been affected by COVID-19?
(Please check all that applies and explain)

- Job lay-off/loss/unable to find work Hospitalization
- Homelessness Financial Hardships
- Excessive Medical Expenses Limited Access to Food
- Limited Access to PPE
- Depression, emotional problems, uncertain about the future

CASE NOTES

**TO DETERMINE IF FAMILIES ARE IN NEED OF EMERGENCY ASSISTANCE
FOR FOOD/SHELTER/HOUSNG SUPPORT/HOUSEHOLD
ITEMS/EDUCATION/EMPLOYMENT SUPPORT**

FAMILY OWNS RENTS BUYING

RENTAL PROPERTY IS SUBSIDIZED BY: _____
(NAME OF PROGRAM/AGENCY)

Property Manager/ Landlord/ Mortgage Holder _____

Address/City/State _____

HOUSING CONDITION: Excellent Very Good Good Fair Poor Very Poor

Year home was built: _____

Has home ever been weatherized? Yes No **Year:** _____

Please check all that is applicable:

INSULATION NEEDED CARBON MONOXIDE EXPOSURE NO HEATING UNIT

NO AIR CONDITIONING INADEQUATE PLUMBING FAULTY GAS LINES MOLD

ROOFING LEAKS BROKEN HOT WATER HEATER

STRUCTURAL DEFICIENCIES (please explain) _____

OTHER _____

OFFICIAL USE ONLY

EA Case Manager/FDS Initials: _____ **Date:** _____

Eligible for CSBG CARES NC (*proceed with Intake Process*)

Not eligible for CSBG CARES NC (*mail Notice of Denial within 5 working days*)

BEHAVIORAL HEALTH: _____ **HUD SECTION 8** _____ **HOUSING
AUTHORITY**

WIOA/WORK FORCE DEVELOPMENTT _____ **RCS** _____