



Gift of Warmth Eligibility and Requirements

- Must be 18 years of age or older

- Utility bill **MUST** be in the name of the person applying for assistance

- Copy of Valid ID

- Front page of lease

- **MOST RECENT PAST DUE** Duke Energy, Piedmont Natural Gas, or oil bill

- Gift of Warmth will only cover deposits for OIL only.

All items need to be copied before you drop off your application. We will not be making copies.

If all required documents are not submitted with your application, your processing time will be delayed until all missing documents are received



The Salvation Army of Greensboro Center of Hope

NC HMIS ID: _____

Application Date: _____

Admit Date: _____

FIRST NAME _____ MI _____ LAST NAME _____ SUFFIX _____

STREET ADDRESS (If applicable) _____ CITY _____ ZIP _____

SSN: _____ DATE OF BIRTH ____/____/____

HOME PHONE/CONTACT NUMBER _____

DRIVERS LICENSE/ID NUMBER _____ ISSUING STATE FOR ID _____

EMERGENCY CONTACT PERSON _____ PHONE: _____

WHAT CITY/STATE WERE YOU BORN IN? _____ Email: _____

Client Demographics and Data

(Place an X in the appropriate box)

GENDER:

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender

RACE: PRIMARY

<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African-American
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other

RACE: SECONDARY (IF APPLICABLE)

<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African-American
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other

ETHNICITY:

<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Not Hispanic/Latino

Are you pregnant? _____ If yes, your due date? _____ Martial Status? _____

Please provide information for ALL other household members. If additional space is needed, ask attendant for more paper.

Name: _____	Name: _____	Name: _____
DOB/Age: _____	DOB/Age: _____	DOB/Age: _____
Relationship: _____	Relationship: _____	Relationship: _____
Gender: _____ Race: _____	Gender: _____ Race: _____	Gender: _____ Race: _____
Last 4 Digits of Soc Sec# _____ School Attending/Grade _____	Last 4 Digits of Soc Sec# _____ School Attending/Grade _____	Last 4 Digits of Soc Sec# _____ School Attending/Grade _____

Name: _____	Name: _____	Name: _____
DOB/Age: _____	DOB/Age: _____	DOB/Age: _____
Relationship: _____	Relationship: _____	Relationship: _____
Gender: _____ Race: _____	Gender: _____ Race: _____	Gender: _____ Race: _____
Last 4 Digits of Soc Sec# _____ School Attending/Grade _____	Last 4 Digits of Soc Sec# _____ School Attending/Grade _____	Last 4 Digits of Soc Sec# _____ School Attending/Grade _____

CLASSIFICATION Please answer all questions in order to speed up the processing time for your application for assistance.

(Place an X in the appropriate box)

Please Answer Each Question.

- Are you a US MILITARY VETERAN?
- Have you SERVED IN THE MILITARY?
- Are you a DOMESTIC VIOLENCE VICTIM?
- Are you CHRONICALLY HOMELESS?
- Are you a JUVENILE PARENT?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

What is your current Housing Status? Select one.

<input type="checkbox"/>	Literally Homeless
<input type="checkbox"/>	Housed & At Imminent Risk of Homelessness
<input type="checkbox"/>	Housed & At Risk of Homelessness
<input type="checkbox"/>	Stably Housed
<input type="checkbox"/>	Don't Know

Highest Level of Education Completed? _____

Miscellaneous Information

Are You: (Check all that apply)

Employed? Full-time Part-time Casual/Temporary How many hours do you work per week? _____

Unemployed/Looking for Work? Are you registered with the Employment Security Commission? Yes No

Participating in Employment Training? Where? _____

Applying for Disability?

Temporarily Laid-Off Do you have an expected date to return to work? Yes No If yes, when? _____

Attending College/Technical School Full-time

Attending College/Technical School Part-time

Do you have a means of transportation to work or to look for work? Yes No

Are you an ex-offender? Yes No

Do you have any sex offenses? Yes No If yes, when was your last offense? _____

FINANCIAL RESOURCES Please answer all questions in order to speed up the processing time for your application for assistance

CASH RESOURCES

Have you received any income in the past 30 days from any source? Yes No

What is your monthly income? \$ _____

Place an X in the box if your household is receiving money from income source and then indicate the amount you receive.

<input type="checkbox"/> Earned Income \$ _____	<input type="checkbox"/> Unemployment Insurance \$ _____	<input type="checkbox"/> SSI \$ _____
<input type="checkbox"/> SSDI \$ _____	<input type="checkbox"/> Veteran's Disability Payment \$ _____	<input type="checkbox"/> TANF \$ _____
<input type="checkbox"/> Private Disability Insurance \$ _____	<input type="checkbox"/> Worker's Compensation \$ _____	<input type="checkbox"/> Veteran's Pension \$ _____
<input type="checkbox"/> General Assistance \$ _____	<input type="checkbox"/> Retirement Income from Soc Sec \$ _____	<input type="checkbox"/> Contributions from Other People \$ _____
<input type="checkbox"/> Pension From a Former Job \$ _____	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> Railroad Retirement \$ _____
<input type="checkbox"/> Alimony or Other Spousal Support \$ _____	<input type="checkbox"/> Other \$ _____	
<input type="checkbox"/> Annuities \$ _____	<input type="checkbox"/> Dividends (Investments) \$ _____	
<input type="checkbox"/> Rental Income \$ _____	<input type="checkbox"/> State Disability \$ _____	

NON-CASH RESOURCES

Do you receive any monthly non-cash support/assistance? Yes No

Have you received any non-cash support in the past 30 days from any source? Yes No

If yes, please indicate the total non-cash support received. \$ _____

Place an X in the box if your household is receiving non-cash support from source and then indicate the amount you receive

<input type="checkbox"/> Food Stamps \$ _____	<input type="checkbox"/> MEDICAID \$ _____	<input type="checkbox"/> MEDICARE \$ _____
<input type="checkbox"/> SCHIP \$ _____	<input type="checkbox"/> WIC \$ _____	
<input type="checkbox"/> VA Medical Services \$ _____	<input type="checkbox"/> TANF Child Care Services \$ _____	
<input type="checkbox"/> TANF Transportation \$ _____	<input type="checkbox"/> Other TANF Services \$ _____	
<input type="checkbox"/> Section 8 /Pub Housing/ rent assistance \$ _____	<input type="checkbox"/> Other \$ _____ Source _____	

Housing Classification

If you are homeless, what would you describe as the PRIMARY reason for your homelessness? Please Select only one.

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Runaway | <input type="checkbox"/> Victim of Domestic Violence |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Transient | <input type="checkbox"/> OTHER (please indicate): _____ |
| <input type="checkbox"/> Natural Disaster | <input type="checkbox"/> Unemployment | |
| <input type="checkbox"/> Release from Prison | <input type="checkbox"/> Underemployment | <input type="checkbox"/> NOT HOMELESS |

If you are homeless, what is the extent of your homelessness?

- | | | |
|---|--|--|
| <input type="checkbox"/> First time Homeless | Are you currently homeless due to foreclosure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 1-2 times in the past | | |
| <input type="checkbox"/> Chronic: 4 times in the past 3 years | Zip Code of Last/Current | _____ |
| <input type="checkbox"/> Long term: 2 years or more | Permanent Address: | _____ |

Have you resided in any of the following during the last 30 days (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Emergency shelter or hotel/motel w/ voucher | <input type="checkbox"/> Rental housing with rental assistance funds or vouchers |
| <input type="checkbox"/> Foster care or foster care group home | <input type="checkbox"/> Rental housing with NO rental assistance funds or voucher |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Rental housing with VASH subsidy |
| <input type="checkbox"/> Hotel or motel without voucher | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Substance abuse facility or detox center |
| <input type="checkbox"/> Housing you own with no housing subsidy | <input type="checkbox"/> Transitional housing for homeless |
| <input type="checkbox"/> Housing you own with a housing subsidy | <input type="checkbox"/> With family, temporarily |
| <input type="checkbox"/> Permanent supportive housing for formerly homeless | <input type="checkbox"/> With friends, temporarily |
| <input type="checkbox"/> Place not meant for habitation (e.g. vehicle or outside) | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Psychiatric hospital or facility | <input type="checkbox"/> Other |
| <input type="checkbox"/> Public Housing Unit | |

If you resided in rental housing, was the housing leased in your name? Yes No

Please indicate which, if any, of these places you slept in last night before coming here. (Select only one):

- | | |
|---|---|
| <input type="checkbox"/> Emergency shelter or hotel/motel w/ voucher | <input type="checkbox"/> Rental housing with rental assistance funds or vouchers |
| <input type="checkbox"/> Foster care or foster care group home | <input type="checkbox"/> Rental housing with NO rental assistance funds or voucher |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Rental housing with VASH subsidy |
| <input type="checkbox"/> Hotel or motel without voucher | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Substance abuse facility or detox center |
| <input type="checkbox"/> Housing you own with no housing subsidy | <input type="checkbox"/> Transitional housing for homeless |
| <input type="checkbox"/> Housing you own with a housing subsidy | <input type="checkbox"/> With family, temporarily |
| <input type="checkbox"/> Permanent supportive housing for formerly homeless | <input type="checkbox"/> With friends, temporarily |
| <input type="checkbox"/> Place not meant for habitation (e.g. vehicle or outside) | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Psychiatric hospital or facility | <input type="checkbox"/> Other |
| <input type="checkbox"/> Public Housing Unit | |

Please indicate the length of time you have been in your current living situation.

- | | |
|--|---|
| <input type="checkbox"/> One week or less | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One to three months | <input type="checkbox"/> Don't Know |

HOUSEHOLD EXPENSES

(Please complete the expense worksheet with your most recent expense information.)

Monthly Expenses	Month Of	Month Of	Month Of	Month Of	Anticipated
Rent/Mortgage Payment					
Electric/ACCT#					
Natural Gas/ ACCT#					
Fuel Oil/Coal/Wood/Kerosene					
Water/Sewer					
Food & Household (CASH)					
Medication Expenses					
Child Support/Alimony Paid Out					
Daycare/Baby Sitter					
Taxes/Legal Fees					
Car Expenses(gas) or Public Trans					
Car payment/Insurance/Repairs					
School/College Fees					
Insurance Life/Health					
Doctor/Dental/Health					
Telephone/Cell Phone					
Furniture/Appliance/Rent-to-Own					
Clothing					
Stolen\$_____ Has Police Report					
Other(Cable, Internet, Credit Cards)					
Other (Tithes/Offering)					
Other					
TOTAL EXPENSES					
DEFICIT/SURPLUS					

OFFICE USE ONLY

Non – Confidential
 Client Notes Only:

FOOD
 CLOTHING
 SHELTER
 Gift of Warmth:
 REFERRAL

GOW \$ Amount assisted with:

Rental Assistance Amount : _____ Funder : _____

NOTE: Utility assistance with Gift of Warmth Eligibility:

Must be 18 years or older

Utility bill must be in the name of the person applying for assistance

Copy of Valid ID

18 years or older

Most Recent Past Due Duke Energy, PNG or Oil Vendor Bill

GOW will cover deposits for OIL only



DOING THE MOST GOOD™

William Booth, Founder
Brian Peddle, General
Commissioner Willis Howell, Territorial Commander
Lt. Colonel Jim Arrowood, Divisional Commander
Captains Matt and Jessica Hedgren, Corps Officers

THE SALVATION ARMY

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (Name of client)

a participant in The Salvation Army COVID 19 Emergency Assistance Program (Name of program service)

hereby authorize The Salvation Army Greensboro Center of Hope Staff and Employees (Director or other employees)

to disclose to United Way, City of Greensboro, NC HMIS, Duke Energy, Piedmont, Natural Gas, Berico Fuels, GUM, GHC, IRC, DSS, Salvation Army and Landlord: (Recipient of information)

- (a) my participation in The Salvation Army 1311 S. Eugene St. Greensboro, NC 27406 ; (Name and address of program service)
(b) information regarding my general condition;
(c) details with respect to the services needed, services given and evaluation of my situation:
(d) _____

The purpose of the disclosure authorized herein is to provide emergency assistance as it relates to your heating bill.

This consent may be revoked by me at any time except to the extent that action has been taken in reliance thereon. This consent (unless expressly revoked earlier) will expire upon my formal termination from The Salvation Army Center of Hope Programs.

Consent Paragraph: We are a participating agency of the NC Homeless Information Network (NCHMIS). As a member of NCHMIS, we use a computerized Homeless Management Information System (NCHMIS) to collect and report on information about the clients we serve. We collect personal information directly from you for reasons that are discussed in the NCHMIS Privacy Practices. We may be required to collect some personal information by law or by organizations that give us money to operate this program. One example of a funding organization that requests detailed information is the Department of Veterans Affairs program that targets services to homeless veterans. Other personal information that we collect is important to run our programs, to improve services for emergency assistance, and to better understand the needs of persons needing assistance. We only collect information that we consider to be appropriate. If you do not want your information entered into and shared through the HMIS, please put an X through this paragraph.

Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

Approved by National Legal Counsel August 2009 Confidentiality and the Protection of Personal Privacy

SEE: The Salvation Army Policy and Guidelines &

Expiration Date: _____



DOING THE MOST GOOD™

William Booth, Founder
Brian Peddle, General
Commissioner Willis Howell, Territorial Commander
Lt. Colonel Jim Arrowood, Divisional Commander
Captains Matt and Jessica Hedgren, Corps Officers

The Salvation Army of Greensboro
Center of Hope
Emergency Assistance Program

I, _____ acknowledge that if I am submitting an application for assistance with my utility bill. If I am approved, I understand that a payment determined by Salvation Army will be made directly to the third party vendor. If I am denied, I will receive a letter in the mail or via email.

Client Signature

Date

Caseworker Signature

Date

Approved: Yes or No _____

Vendor: _____ Amount approved: _____ Date _____

Denied Reason: Date letter mailed: _____

Lack of agency funding _____

Missing documentation _____

Fraudulent Information _____

NOTE: In an effort to process your application without delays, please make sure you complete the application entirely, sign where required, and attach a copy of your photo ID and the PAST DUE electric or gas bill to your heating source. Please mail your application to The Salvation Army C/O EFA Department, 1311 South Eugene Street, Greensboro, NC 27406. You can also email the application to NSC.giftofwarmth@uss.salvationarmy.org, or you can drop it off at security at 1311 South Eugene Street, Greensboro, NC 27406.