



One Louisville COVID-19 Response Fund Household Assistance



Louisville Metro Office of Resilience and Community Services is proud to play a role in helping individuals and families who have experienced a loss of income related to the COVID-19 pandemic. Click [here](#) to review flyer for a list of Neighborhood Place sites **to call** to begin the application process.

Important Notes: The forms below are being provided for **information use only** at this point. Neighborhood Place facilities are temporarily closed to walk-in clients so **be sure to call the Neighborhood Place site near you** to begin the telephone screening process. **Do not** drop off any documentation until you have been requested by a Neighborhood Place worker to do so.

To be eligible for support, individuals/households must be Jefferson County residents with an income at or below 100 percent of Area Median Income (AMI) and have a need for any of the following assistance:

- Rental assistance
- Childcare assistance
- Transportation support
- Food access
- Utility assistance

Area Median Income is determined by the U.S. Department of Housing and Urban Development. The AMI for the Louisville region is \$76,400 for a four-person family (100 percent AMI)).

Individuals/households must also demonstrate a loss of earned income related to the COVID-19 pandemic due to medical reasons (incubation directive), business closure or layoff or school closures.

Each household may be eligible for up to \$1,000 in emergency funding.

To Apply (as of 3/23/20)

1. Call your nearest Neighborhood Place location to schedule an appointment.
2. You will then be assigned to a Neighborhood Place staff person, who can receive the completed forms via email (alternative arrangements will be made for people who do not have access to email).

Bridges of Hope Neighborhood Place, 1411 Algonquin Parkway, **634-6050**

Northwest Neighborhood Place, 4018 W. Market Street, **485-7230**

Greater Cane Run Neighborhood Place, 3410 Lees Lane, **485-6810**

South Central Neighborhood Place, 4255 Hazelwood Avenue, **485-7130**

South Jefferson Neighborhood Place, 1000 Neighborhood Place, **363-1424**

First Neighborhood Place, 1503 Rangeland Road, **313-4700**

Ujima Neighborhood Place, 3610 Bohne Avenue, **485-6710**

Required Documentation:

_____ Application /Consent for release of information - **See below**

_____ Picture ID for ALL adult members (18 yrs. and older) in the household

_____ Proof of social security for all Household (HH) members (or proof of age for under 2 years old)

_____ OR Self-declared for Undocumented persons

_____ Loss of Income Form (employer verified statement, that loss of income happened on or after March 16, 2020 AND that the loss was COVID-19 related). **See below** for a form clients can use if their employer doesn't have something already prepared with ALL of the key information items we will need.

_____ Proof of Household income if NOT included on Loss of Income Form

Copies of the following for the requested service: ___ Current Lease; ___ LG&E bill ; ___ Water bill ___ Childcare invoice; ___ Zero Income Verification Form (if applicable, **see below**)

_____ W-9 for all applicable vendors – for example, landlords. Vendor can also email the W9 directly to the case worker, once assigned. *LG&E and Louisville Water are already set up in the system, so a W9 is not needed for those entities.*

APPLICATION FOR ASSISTANCE

I am requesting assistance and/or services from Louisville Metro Office of Resilience and Community Services (LMORCS) on behalf of myself and eligible members of my household.

POLICY

The Louisville-Jefferson County Metro Government Office of Resilience and Community Services has implemented a limited time program to provide assistance in rental assistance, childcare, transportation, and food support for individuals and families impacted, and affected by COVID-19.

The Coronavirus Relief Program will provide assistance for eligible individuals/families living at or below 100% of AMI (Area Median Income; see Appendix). In order to qualify, applicants must be residents of Jefferson County, and be able to verify income loss related directly to the COVID-19 pandemic. Program funds will be distributed on a “first come, first serve” basis until available funding is expended.

YOUR RIGHTS

You shall not be excluded on the basis of age, sex, race, color, religion, disability, national origin, familial status, gender identity or sexual orientation from participation in, or be denied the benefits of or be subjected to discrimination under any program or activity of Louisville Metro Office of Resilience and Community Services.

Information concerning you will be treated confidentially in accordance with the policies and procedures established by Louisville Metro Office of Resilience and Community Services in conjunction with current statutes for sharing information.

YOUR OBLIGATIONS

You must provide the staff of Louisville Metro Office of Resilience and Community Services with complete and accurate information regarding your receipt of any assistance benefits or other income received by you or members of your household and information regarding your household composition. You will be required to document/verify all information given to your caseworker. **All documentation must be turned in to your caseworker no later than 10 days from the date of your appointment. If documentation is not turned in within the 10 days timeframe, your case will be closed.**

COMPLAINTS AND APPEALS PROCESS

RCS will maintain a Coronavirus Relief Program Applicant Complaint file. The file will be used for tracking and recording applicant complaints relayed to the agency. Complaints received will be recorded on the complaint form. Complaint forms include a synopsis of the applicant's complaint(s) and RCS' progress towards resolution of the issue(s) identified. RCS Division Manager will ensure that complaints are being resolved in a timely manner by reviewing each complaint form. The Coronavirus Relief Program Applicant Complaint Form file will include evidence substantiating the applicant's complaint.

RCS personnel will inform applicants of their rights to a fair hearing in writing. The written notification shall include the following instructions for applicants dissatisfied with any action taken by the agency. An applicant must submit a written complaint within 30 days of the action they wish to appeal (USPS postmark or agency date-of-receipt stamp serves to verify timeliness).

Complaints must be submitted in writing and should be forwarded to the Neighborhood Place Administrator in which the application for services was submitted.

The written complaint must contain:

- Applicant's full name, complete address and telephone number(s);
- A detailed statement of the nature of the complaint, including date and time of the agency action and the agency program or service involved;
- Name(s) and addresses (at the office or service location) of staff involved in the aggrieved action;
- Applicant's signature and/or that of an authorized representative, if any; and
- A clear indication whether the applicant's complaint pertains to service or involves alleged discrimination.

RELEASE OF INFORMATION

By my signature below, I hereby authorize the release of pertinent medical, financial, social, employment, and psychological information to Louisville Metro Office of Resilience and Community Services for the purpose of verifying my eligibility for services. I further authorize the Louisville Metro Office of Resilience and Community Services to release any and all pertinent information to other social agencies, federal agencies, missions, etc., as may be necessary to help determine my eligibility for LMORCS assistance or other available services.

VERIFICATION OF STATEMENT

I certify that my answers are correct, and complete, to the best of my knowledge, and I have reported all my household income and other financial resources as well as provided employment, medical, and other documentation needed to determine program eligibility. I understand that intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts may result in paying Louisville Metro Office of Resilience and Community Services the value of the benefits improperly issued to me and may subject me to civil or criminal prosecution under state and federal law.

Signature of Applicant

Date

Signature of Second Party Applicant

Date

Reviewed by Social Worker (Signature)

Date

Your Caseworker today is _____ @ _____ Neighborhood Place
(Please print)

Your Caseworker can be reached at _____ phone number

[] Verbal permission given on _____, as telephone interview conducted this date.
Date application mailed (if applicable) _____



COVID - 19

VERIFICATION OF LOSS OF INCOME

Employer: _____
Employee: _____ SSN: _____

Dear Employer:

We are asking for your cooperation in providing us with facts regarding the above named employee's work record. We appreciate your cooperation in this matter, as this information is essential to determine client's eligibility for Coronavirus Relief Program Assistance.

Section I – GENERAL INFORMATION

Job Title: _____
Number of Hours Worked Per Week: _____ Number of Days Worked Per Week: _____
How often is/was the employee paid? Day Week Bi-Weekly Monthly
Rate of pay: \$ _____ per _____. Day/Wk./etc.
Date current employment began: _____
Is/was employment seasonal? Circle Yes or No If yes, season begins: _____ ends: _____

Section II – LOSS OF INCOME (Termination)

Date employment ended: _____
Was this termination due to the COVID-19 Pandemic? Circle YES or NO
Is the loss of income Permanent or Temporary? If temporary, when do you expect the employee to return to work?

Date employee received final check: _____
Gross amount: \$ _____
Will employee receive any vacation pay, retirement refund, or other? Yes No
If yes, what type? _____ Date received: _____ Amount: \$ _____

Section IIB – LOSS OF INCOME (Decrease in Hours, Layoffs, etc.)

Was this employee's hours decreased: _____
Was this employee laid off? _____ If so, date of layoff? _____
Was the decrease in hours or layoff related to COVID-19 Pandemic? Circle YES or NO
Is the loss of hours/income Permanent or Temporary? If temporary, when do you expect the employee to return to full work-hour capacity? _____

Section III – RECORD OF PAY RECEIVED

List the employee’s most recent pay dates and gross pay amounts (please list most recent check first) or attach a printed wage history for the month(s) of _____.

Date	Gross Payment Amount

Section IV – EMPLOYER INFORMATION

What I have written on this form is true to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

Signature of Employer

Employer’s Title

Name of Business

Telephone Number

In signing this employment verification form I authorize Louisville Metro Resilience and Community Services to receive the above requested information.

Client Signature

Date

CHILDCARE INVOICE

Assistance through the COVID-19 Program

Name of Provider: _____

Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Make Checks payable to:	Licensing Type:	Amount Due	W-9 Form Provided

# of Days	Description of Services: Name of Child / Full Time (FT) or Part Time (PT) Care / Range of Dates of Childcare Provided	Price Per Day	Total Due
Family Total			

The COVID-19 is provided by generous donations through the
 Louisville Metro Community
 The program is administered by
 Louisville Metro Office of Resilience and Community Services





Zero Income Affidavit

By my signature, I am certifying that my household has **ZERO** income for the current month. This includes both the earned (wages, salaries, tips, etc.) and the unearned income (pensions, Social Security, SSI, unemployment, child support, k-tap, VA benefits, etc.) of **ALL** household members other than minors and adult children still in high school.

I understand that intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts may subject me to civil or criminal prosecution under state and federal law.

Name (**Please Print**)

Date

Signature

Address

Telephone (Work) (Home)

City Zip

Witness Signature

Date