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
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) ______________________________
VERIFICATION OF LOSS OF INCOME

Employer: ____________________________________________      SSN: ____________________________
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 ________________________________.

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<th>Date</th>
<th>Gross Payment Amount</th>
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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:
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<th># of Days</th>
<th>Price Per Day</th>
<th>Total Due</th>
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Name of Child / Full Time (FT) or Part Time (PT) Care / Range of Dates of Childcare Provided

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

Louisville Metro Office of Resilience and Community Services – Coronavirus Relief Program – March 2020
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 ________________________________