

OTERO COUNTY DEPARTMENT OF HUMAN SERVICES FAMILY PRESERVATION APPLICATION

AGENCY INFORMATION (TO BE COMPLETED BY OCDHS OUTSIDE AGENCY CONTRACTING WITH OCDHS)

AGENCY NAME	PHONE NUMBER OF AGENCY	DATE OF APPLICATION	WORKER INITIATING APPLICATION (PLEASE PRINT)	SIGNATURE OF WORKER
East Otero School District	719-384-6900	August, 2018	Rick Lovato	<i>Rick Lovato</i>

HEAD OF HOUSEHOLD INFORMATION

LAST NAME		FIRST		MIDDLE	
MAILING ADDRESS: NUMBER			STREET/PO BOX/RURAL ROUTE		APT/UNIT #
CITY/TOWN	STATE	ZIP CODE	TELEPHONE NUMBER	IS COLORADO THE CURRENT STATE OF RESIDENCE OF THE HOUSEHOLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	

HOUSEHOLD MEMBERS LIST YOURSELF AND EVERYONE WHO LIVES WITH YOU (INCLUDING STEPPARENTS).

LAST NAME, FIRST, MIDDLE INITIAL	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	SEX M/F	DATE OF BIRTH	CITIZENSHIP U.S. Citizen, Qualified Alien, Unqualified Alien	INCOME (MONTHLY)
	SELF					

ELIGIBILITY CRITERIA AND FACTORS

1. YES or NO The household income is less than \$75,000 per year. Annual household income = _____.
2. YES or NO There is a dependent child living in the home who is related to the adult within the 5th degree of kinship.
3. YES or NO The family has a specified need or emergency. Description: _____.

This application has been approved

This application has been denied Denial Reason: _____.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY BY SIGNING THIS FORM, THAT I AM SAYING THAT THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT EACH PERSON THAT IS ELIGIBLE TO PARTICIPATE LISTED ON THIS APPLICATION IS A CITIZEN OR QUALIFIED ALIEN.

SIGN HERE (Authorized Agency Representative)

Date