CAASTLC

Community Action Agency of St. Louis County, Inc.

H2O Assistance program

(314) 446-4427

To receive assistance with your water bill you must:

- ✓ Be a St. Louis **County** resident.
- ✓ Submit a **COMPLETED H2O** application.
- ✓ Provide a picture ID for the Head of Household.
- ✓ Be income eligible (200% Federal Poverty Limit).
- ✓ Provide social security cards for all household members.
- ✓ Provide proof of the previous month's income for all household members over the age of 18.
- ✓ Provide a current Missouri American Water bill.

The application **MUST** be filled out or there will be a delay in processing your water bill pledge.

Please return your completed H20 application to:

CAASTLC
ATTN: Water Program
2709 Woodson Road
Overland, MO 63114

Important information

* Please submit **all** documents requested above.
* Similar documentation that you may have submitted for other CAASTLC programs cannot be used for the H2O Assistance program.

The H2O program pays UP to $250.00 one time a year.

5/14/25 GD

CUSTOMER INTAKE FORM **PLEASE PRINT LEGIBLY**

ADDRESS:_____ **CITY, STATE:**_____ **ZIP CODE:** _____

Phone #:_____ **Email address:** _____

Name	***Last 4 of SSN***	***Relation to Head of Household***	***Date of Birth***	***Gender***	***Disabled*** *(Circle one)*	***Veteran*** *(Circle one)*	***Marital Status*** *(Circle one)*	***Highest Grade Completed***	***Primary Language***	***Race***
TOMERHEAD OF		**SELF**	/ /	M | F | O	Y | N	Y | N	S M D W			
			/ /	M | F | O	Y | N	Y | N	S M D W			
			/ /	M | F | O	Y | N	Y | N	S M D W			
			/ /	M | F | O	Y | N	Y | N	S M D W			
			/ /	M | F | O	Y | N	Y | N	S M D W			
			/ /	M | F | O	Y | N	Y | N	S M D W			

Household Type (**CIRCLE ONE**):

SPF: Single Parent Female
SPM: Single Parent Male
TPH: Two-Parent Household
NRA: Non-related adults with children
2A: Two adults/no children
SP: Single Person
MH: Multigenerational Household

Housing Type (**CIRCLE ONE**):

R: Rent
O: Own
H: Homeless
S: Sheltered

Customer certifies that the information provided on this form is true and accurate to the best of Customer's knowledge and belief. Customer understands that such information is subject to verification and further realizes that falsified or fraudulent information may result in the rejection of this form.

Consent for the Release of Confidential Information

Customer agrees to release to Community Action Agency of St. Louis County, Inc. (hereinafter "CAASTLC") information that is confidential and proprietary to Customer ("Confidential Information"), to be used solely for CAASTLC's related statistics, services and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of Customer or any related data. Confidential Information includes, for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records and all other pertaining to the family information. CAASTLC will consider all information received from Customer to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Consent; except for information that is: (i) generally known to the public, (ii) in the possession of CAASTLC before receipt from Customer, (iii) obtained later by CAASTLC from a third party without restriction or violation of Agreements.

Customer understands that CAASTLC will not disclose Customer's Confidential Information to any other party without the prior written consent of Customer subject to the following exceptions: (A) to any of CAASTLC's employees, temporary workers, volunteers, interns, or practicum students ("personnel") provided such personnel has a legitimate need to know and has agreed to terms similar to those in this Consent; (B) to other program(s) within CAASTLC and/or to the government agency/ agencies which fund and/or audit CAASTLC program(s) in which I participate if such information is requested or required by such agency; (C) to medical personnel in an emergency; (D) to qualified personnel for research, audits, or program evaluation, as long as Customer identities are not identified; (E) to a third party based on a warrant, subpoena or court order; (F) to appropriate authorities in cases of suspected child abuse or neglect; and (G) to third party(s) for the purpose of referring Customer to such third party(s) for the purpose of providing additional service(s) to the Customer provided that such third party(s) has agreed to confidentiality terms similar to those contained in this Consent. Customer understands that Confidential Information does not include any image(s) from CAASTLC security camera footage that may be provided to law enforcement personal investigating an alleged incident. CAASTLC will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

By signing below, Customer acknowledges having read all information contained in this form and fully understands and agrees with its contents.

Customer Signature:_____ **Date:** _____

Staff's Signature:_____ **Date:** _____

CUSTOMER INTAKE / ASSESSMENT FORM

PLEASE CIRCLE THE BEST ANSWER FOR YOUR FAMILY

1. How would you describe your family's current housing situation?

A. Non-subsidized – Own or Rent
B. Subsidized
C. Living with friends/relatives
D. At risk of homelessness (eviction notice/temporary)
E. Homeless

2. How would you rate your family's income and budgeting?

A. Able to pay bills and save
B. Sufficient income to pay bills **without subsidies**
C. Income meets most financial obligations (**may include subsidies**)
D. Some income; budget includes subsidies
E. No income; no budget

3. How would you describe your family's current employment situation?

A. Full-Time Employment **above** minimum wage
B. Full-Time Employment **with** minimum wage
C. Part-Time Employment
D. Unemployed; skilled and/or previous work history
E. Unemployed; **no** skills and/or previous work history

4. How would you describe your family's current mode of transportation?

A. Public or private transportation **always** available
B. Public or private transportation available **most** of the time
C. Public or private transportation available **sometimes**
D. Public or private transportation **rarely** available
E. **No** available transportation

NOTES:

_____

_____

_____

5. How would you describe your family's current physical health situation?

A. **No** physical health problems
B. Physical health problem **does not** interfere with employment or other goals
C. **Occasionally** interferes with employment or other goals
D. **Regularly interferes** with employment or other goals
E. **Prohibits** employment or other goals

6. Are mental health and/or substance abuse issues present in the family?

A. **No** mental health or substance abuse issues
B. Mental health problem or substance abuse issue **does not** interfere with employment or other goals
C. **Occasionally** interferes with employment or other goals
D. **Regularly interferes** with employment or other goals
E. **Prohibits** employment or other goals

7. How would you describe your family's regular food, nutrition, and clothing situation?

A. Able to afford food/necessities without food pantry or food stamps or other programs
B. Able to afford **some** food/necessities without food stamps or other programs
C. Unable to afford food/necessities without food program assistance; **uses SNAP, WIC, etc.**
D. Unable to afford food/necessities without food program assistance; **uses food bank**
E. **Unable** to afford or obtain food/necessities

8. How would you describe your academic skill set and how it affects employment or other goal attainment?

A. Degree +(Advanced)
B. 2- or 4-year degree or certification
C. Some college tech training
D. High School/HiSET (GED)
E. Less than High School

NOTES:

_____

_____

CSBG COMMUNITY SERVICES

Income Statement Form

THIS FORM IS TO BE COMPLETED BY THE HEAD OF HOUSEHOLD

Name: _____ **Date of Birth**: _____

List everyone in your household age 18 or older who received incomed from a job last month. (Include all jobs.)

Name	Employer	How Often Paid?	Gross Pay	Still Employed?
			$	
			$	
			$	
			$	

Sources of Income	Who Receives this Income?	*Amount Received*	*How Often Received?*
Social Security		$	
Supplemental Security Income (SSI)		$	
Temporary Assistance for Needy Families (TANF)		$	
Supplemental Aid to the Blind (SAB)		$	
Blind Pension (BP)		$	
Supplemental State Payments (SSP)		$	
Foster Care		$	
Alimony		$	
Child Support, List 8 Digit Case Number: _____		$	
Unemployment Compensation		$	
Veteran Benefits		$	
Pensions		$	
Railroad Retirement		$	
Rent Received from Land or Buildings		$	
Money Received from Friends, Family or Organizations		$	
Armed Forces Allotment		$	
Worker's Compensation or Temporary Private Disability		$	
Other Unearned Income, Specify: _____		$	

Head of Household Signature: _____

Date: _____ **Staff Signature**: _____

Non-Cash Benefits

List all non-cash benefits for the household.

Non-Cash Benefit	Who Receives this Benefit?
None	
SNAP	
TANF Child Care	
TANF Transportation	
Other TANF-Funded Services	
WIC	
Section 8 or Rental Assistance	
Housing Choice Voucher	
Permanent Supporting Housing	
HUD-VASH	
Childcare Voucher	
Affordable Care Act Subsidy	

Insurance Benefits

List all insurance benefits for the household.

Non-Cash Benefit	Who Receives this Benefit?
No Insurance	
Medicaid	
Medicare	
VA Medical Services	
State Children's Health Insurance	
State Adult Health Insurance	
Employer Provided Health Insurance	
COBRA Health Insurance	
Private Health Insurance	
Indian Health Services Program	
Military Health Care	
Direct-Purchase	
Other: _____	

CAASTLC

Community Action Agency of St. Louis County, Inc.

Intake Process – Determination if Applicant is an employee or a relative of an employee of Community Action Agency of St. Louis County, Inc. ("CAASTLC")

I, _____, am applying for services through
(print name)
CAASTLC and hereby state that **I am** ☐ **/am not** ☐ an employee* of CAASTLC or a relative of an employee of CAASTLC. A "relative" is defined as any person who is related by blood or marriage (husband, wife, father, mother, brother, sister, daughter, son, grandfather, grandmother, in-laws or "significant others") to an employee or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

If you answered that **you are** an employee or a relative of an employee please specify if you're an employee or the type of relative: _____.

Signature: _____

Date: _____

* The word "employee" for purposes of this form means any full-time, part-time, or temporary employee, including any individual working at CAASTLC through a staffing agency.

RER 09/07/23

MISSOURI COMMUNITY ACTION MANAGEMENT INFORMATION SYSTEM

Client Consent—Release of Information

The Missouri Community Action Management Information System (MIS) serves Missouri's Community Action Agencies, a network of partner agencies working together to provide services to low-income individuals and families in Missouri.

The information that is collected in the MIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the partner agencies and their representatives to share the following information regarding my family/household and me. I understand that this information is for the purpose of assessing our needs for employment, housing, utility assistance, food, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, assets, and/or other non-cash benefits I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my family/household.

I UNDERSTAND THAT:

- Information I give concerning medical, physical or mental health will not be shared with other partner agencies in any way that identifies me.
- The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the MIS.
- Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- I have the right to request information about who has access to my information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end poverty.
- The release of my information for the MIS does not guarantee that I will receive assistance, and my refusal to authorize the use of my identifying information does not disqualify me from receiving assistance.
- This authorization will remain in effect unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement available at any partner agency.
- If I revoke my authorization all identifying information already in the database will remain, but will no longer be shared with partner agencies.

Partner Agencies: A list of the partner agencies within the Statewide Community Action Network may be viewed prior to signing this form.

Client Name *(please print)*	Client Signature	Date

Social Security Number

Agency Personnel Name *(please print)*	Agency Personnel Signature	Date

This form may not be amended except by the MIS Steering Committee.

MIS Rev. 7/14/06