

Yellowstone Country Assistance Network  
**Community Assistance Programs**  
 Intake Application



**Please bring or send the following documentation:**

1. Completed application pages 1-5 for all household members, and copy of ID for each household member.
2. Proof of residence (1 year or longer): most recent utility or rental agreement.
3. Proof of Income: Total **gross monthly** income for all household members age 18 and older.
  - If the applicant has zero income, the **self-declaration** must be completed on page 3.
4. See instructions on page 6 if you have any questions, or call us Toll Free: 833-444-9923.

|                        |
|------------------------|
| Assigned Applicant ID# |
| _____                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>County of Residence:</b> <input type="checkbox"/> Big Horn <input type="checkbox"/> Hot Springs <input type="checkbox"/> Park <input type="checkbox"/> Washakie                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| Date you moved to the county indicated above? (Must live in this county 1 year prior to applying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | What is the household Size?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |
| Address of Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Zip Code |
| Mailing Address or PO Box (If different from Residence)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | City | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Zip Code |
| Primary Phone Number: Text? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | Secondary or Message Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |
| Email Address: <b>By Providing, you may receive correspondence from YCAN office by email.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| <b>Household Type:</b><br><input type="checkbox"/> 2 Adults with Children<br><input type="checkbox"/> 2 Adults, No Children<br><input type="checkbox"/> Single Parent, Female<br><input type="checkbox"/> Non-Related Adults with Children<br><input type="checkbox"/> Unknown or not reported<br><input type="checkbox"/> Non-Related Adults with Children<br><input type="checkbox"/> Single Person<br><input type="checkbox"/> Single Parent, Male<br><input type="checkbox"/> Multigenerational (3 generations or more, <i>example: grandparent, children, grandchildren</i> )                                                              |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| <b>Housing Situation:</b><br><input type="checkbox"/> Rent<br><input type="checkbox"/> Own<br><input type="checkbox"/> Other Permanent Housing<br><input type="checkbox"/> Unknown or not reported<br>If you are homeless see next column.                                                                                                                                                                                                                                                                                                                                                                                                      |      | <b>Homeless (check the situation that applies)</b><br><input type="checkbox"/> Living in a place not meant for human habitation ( <i>shelter, temporary housing, shelter, etc.</i> )<br><input type="checkbox"/> Losing primary nighttime residence ( <i>within 14 days.</i> )<br><input type="checkbox"/> Families with children or unaccompanied youth that are unstably housed and likely to remain in the state.<br><input type="checkbox"/> Fleeing or attempting to flee domestic violence and have no other residence or resources to obtain permanent housing. |          |
| <b>Housing Type:</b><br><input type="checkbox"/> House<br><input type="checkbox"/> Townhouse<br><input type="checkbox"/> Vehicle/Tent<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> RV<br><input type="checkbox"/> Inpatient Treatment<br><input type="checkbox"/> Unknown or not reported<br><input type="checkbox"/> Duplex/Triplex/Fourplex<br><input type="checkbox"/> Rooming/Boarding House<br><input type="checkbox"/> Staying on friends/family<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Incarcerated |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |

**HOUSEHOLD MEMBERS:**

Complete the information below for **yourself** and **ALL** persons living in your home, even if they are not related to you or are only temporarily living with you. Please use the codes below to provide us with accurate information. Attach another sheet, if necessary.

| Name (First, MI, & Last) | Relationship to Head of Household | Date of Birth | Age | Gender | Marital Status | Education | Disabling Condition? | Race | Ethnicity | Health Insurance | Employment Status | Veteran Status |
|--------------------------|-----------------------------------|---------------|-----|--------|----------------|-----------|----------------------|------|-----------|------------------|-------------------|----------------|
|                          |                                   |               |     |        |                |           |                      |      |           |                  |                   |                |
|                          |                                   |               |     |        |                |           |                      |      |           |                  |                   |                |
|                          |                                   |               |     |        |                |           |                      |      |           |                  |                   |                |
|                          |                                   |               |     |        |                |           |                      |      |           |                  |                   |                |
|                          |                                   |               |     |        |                |           |                      |      |           |                  |                   |                |
|                          |                                   |               |     |        |                |           |                      |      |           |                  |                   |                |
|                          |                                   |               |     |        |                |           |                      |      |           |                  |                   |                |
|                          |                                   |               |     |        |                |           |                      |      |           |                  |                   |                |
|                          |                                   |               |     |        |                |           |                      |      |           |                  |                   |                |

**Marital Status:** (S) Single (M) Married (D) Divorced (W) Widowed (SE) Separated (P) Domestic Partner (U) Unknown or not reported  
**Education Codes:** (8) 0-8 (12) 9-12 non-grad (HS) High School grad/Equivalency (HS+) 12+ grad & some college (C) 2- or 4-year college grad (O) grad of other post-secondary school (U) Unknown or not reported (DC) Youth age 14-24 who are not working and not enrolled in school.  
**Disabling Condition:** (N) No (Y) Yes  
**Race Codes:** (W) White (B) Black/African American (M) Multi-Race (A) Asian (AI) American Indian/Alaskan Native (PI) Native Hawaiian/Pacific Islander (O) Other (U) Unknown  
**Ethnicity:** (H) Hispanic or Latino (N) Not Hispanic or Latino or Spanish Origins (U) Unknown or not reported  
**Health Insurance Type Codes:** (N) None (E) Employment Based (DP) Direct Purchase (MI) Military (MC) Medicare (MD) Medicaid (O) Other (C) State Children-CHIP (U) Unknown  
**Employment Status:** (FT) Full Time 30+ hours per week (PT) Part Time less than 30 hours per week (U-6) Unemployed 6 months or less (U+6) Unemployed 6 months or longer  
**Retired Social Security or Retirement Income (MS)** Migrant Season Farmworker (U) Unknown or not reported  
**Veteran Status:** (Y) Veteran (A) Active Duty (N) No Affiliation

Is anyone age 18 and older Unemployed? Please provide a completed and signed workforce registration from the Wyoming Workforce Services (see instruction page).

# Financial Information

Attach proof of **ALL GROSS INCOME** (amount before deductions). Refer to instructions page for assistance.



| Household Member Receiving Income | Place of Employment or Other Sources of Income (see below) | How often Paid? | Hourly Rate | Total Gross Monthly Income |
|-----------------------------------|------------------------------------------------------------|-----------------|-------------|----------------------------|
|                                   |                                                            |                 | \$          | \$                         |
|                                   |                                                            |                 | \$          | \$                         |
|                                   |                                                            |                 | \$          | \$                         |

**Other Sources of Income Must Be Reported Above & Check all that apply to the household below:**

- SSI       SSDI       Retirement from Social Security     Interest       Pension       TANF  
 Per Capita Tribal Members     Unemployment Insurance     Workers Compensation     Child Support  
 Alimony       EITC       Unknown or not reported     Other: \_\_\_\_\_     None

**Unemployed?** Please provide a completed and signed workforce registration from the Wyoming Workforce Services (see instruction page).

### ▶ Self-Declaration of Income ▶

**No Income** or  **No Documentation of Income:** If there is **no income** in your household from any source provide a self-declaration statement below how you are paying your bills. If you have **no way to provide proof of income** please list monthly income received above.

**Applicant Statement:** provide a statement why you cannot provide proof of income (example just started job no check yet), and how bills will get paid next month.

*Applicant must sign and date this statement certifying that the documents and information provided concerning income eligibility are true and correct to the best of your knowledge.*

|                              |               |                                               |
|------------------------------|---------------|-----------------------------------------------|
| <b>▶ Applicant Signature</b> | <b>▶ Date</b> | <b>Verified By (Staff Initial &amp; Date)</b> |
|------------------------------|---------------|-----------------------------------------------|

**Household Benefits Received:** Please check all the benefits your household receives, this is **not** used to determine eligibility.

- None       Housing Voucher       LIEAP       Permanent Supportive Housing       WIC  
 Public Housing       Childcare Voucher       SNAP       Unknown or not reported

If you are a **single custodial parent**, do you need a child support referral?  Yes  No

| Program Staff Use Only                                                                                                                                                                                                                                                     |                                                                                                                                                                                 |                                                                              |                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Proof of Identity for all household members? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                      |                                                                                                                                                                                 | Proof of Residency? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                        |
| Application Signed and Dated? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                     |                                                                                                                                                                                 |                                                                              |                                                                                        |
| Copies of <b>ALL</b> Income for the household for the past 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                               | Gross Household Income Past 30 Days? \$                                                                                                                                         | _____ %FPL                                                                   | Income Eligible (below 125%)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this allowable expense? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                        | Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Unable to determine eligibility |                                                                              |                                                                                        |
| Case Management: <input type="checkbox"/> Yes <input type="checkbox"/> No, one-time only services                                                                                                                                                                          |                                                                                                                                                                                 |                                                                              |                                                                                        |
| Referral(s) made: <input type="checkbox"/> Case Management <input type="checkbox"/> Housing <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Income <input type="checkbox"/> Emergency Services <input type="checkbox"/> Other: |                                                                                                                                                                                 |                                                                              |                                                                                        |
| Eligibility Determination/Income Verification Made By:                                                                                                                                                                                                                     |                                                                                                                                                                                 | YCAN Staff Signature:                                                        | Date:                                                                                  |
|                                                                                                                                                                                                                                                                            |                                                                                                                                                                                 |                                                                              |                                                                                        |
| Documents to attach:                                                                                                                                                                                                                                                       | <input type="checkbox"/> Payment Invoice                                                                                                                                        | <input type="checkbox"/> Application                                         | <input type="checkbox"/> Income Documents                                              |
| <input type="checkbox"/> In the event the service is denied, a copy of the Denial Letter will be maintained.                                                                                                                                                               |                                                                                                                                                                                 |                                                                              |                                                                                        |



# Assistance Request

My household is applying for one-time assistance; or

I am enrolled in case management with a community partner of Yellowstone Country Assistance Network

Park County Court Supervised Treatment Program (PCCSTP)

Heritage Health Care (HHC)

Wyoming Services for Independent Living (WISL)

Other: List Contact info below:

|                                  |                           |
|----------------------------------|---------------------------|
| <b>Case Manger Name:</b>         | <b>Organization:</b>      |
| <b>Case Manger Phone Number:</b> | <b>Case Manger Email:</b> |

| Review of Request (Please place a check mark next to the appropriate program area.) |                                                                                                                                                                                                                                                                                 |   |      |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------|
| Eligible Service                                                                    | Specific Problem (why you need the assistance)                                                                                                                                                                                                                                  | X | Cost |
| <b>Avoiding Homelessness:</b>                                                       | An individual or family who is seeking assistance with deposit or current month rent (no back rent, late fees, or mortgages, no moving costs)                                                                                                                                   |   | \$   |
| <b>Eviction Prevention:</b>                                                         | An individual or family who is seeking assistance to avoid eviction due to a medical issue causing temporary loss of employment or children in the home. Household must demonstrate ability to resume payments once assistance is provided.                                     |   | \$   |
| <b>Utility Assistance/Deposit:</b>                                                  | An individual or family who is seeking current month utility assistance or deposit and who has already applied for LIEAP.                                                                                                                                                       |   | \$   |
| <b>Utility Arrears:</b>                                                             | An individual or family who is seeking utility assistance in a non-emergency situation to avoid an upcoming shut-off. (no same day shut-offs)                                                                                                                                   |   | \$   |
| <b>Medical:</b>                                                                     | An individual needing minor medical or dental treatment to gain or return to work, for elderly (65+) on Medicare only, or the disabled-on Medicaid only that is not covered by insurance or another program.                                                                    |   | \$   |
| <b>Transportation:</b>                                                              | An individual or family who is in need of minor transportation (repair, tires, etc.) assistance for employment purposes and families with children. Gas vouchers may be provided for a specific medical appointment.                                                            |   | \$   |
| <b>Food, Hygiene, Emergency Clothing, Employment Supports</b>                       | In the event a case manager cannot find resources for their client to obtain the food, hygiene, or emergency clothing, phone card, from another program (food pantry, SNAP, Senior Meals, thrift store, etc.) the case manager can help the applicant apply for these services. |   | \$   |
| <b>Emergency Assistance:</b>                                                        | Loss of home due to fire, flood, or other disaster; person fleeing from domestic abuse situation.                                                                                                                                                                               |   | \$   |
| <b>Total</b>                                                                        |                                                                                                                                                                                                                                                                                 |   | \$   |

**Please explain how your household meets the criteria you selected above.**

**Please list all the resources you have perused for assistance (LIEAP, SNAP, agencies, churches, etc.)**

**How will the assistance impact your circumstances, and how will you pay your monthly bills going forward?**

## Applicant Questionnaire

|                                                          |                                                           |                                                                  |
|----------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|
| <input type="radio"/> Homeless/Eviction Notice           | <input type="radio"/> No Job, actively looking            | <input type="radio"/> No Income                                  |
| <input type="radio"/> Criminal or Credit history         | <input type="radio"/> No Job, not looking for employment  | <input type="radio"/> Inadequate to pay bills                    |
| <input type="radio"/> Behind on rent                     | <input type="radio"/> Temp, Part-time, Seasonal           | <input type="radio"/> Can usually meet needs without help        |
| <input type="radio"/> Rent Mortgage >30% of income       | <input type="radio"/> Full Time under living wage \$10.50 | <input type="radio"/> Can meet basic needs without help          |
| <input type="radio"/> Stable Housing/somewhat adequate   | <input type="radio"/> Full Time above \$10.50 & benefits  | <input type="radio"/> Income is sufficient to be able to save    |
| <input type="radio"/> Housing is adequate-not subsidized | <input type="radio"/> Full Time good pay and benefits     | <input type="radio"/> I have \$400 or more saved for emergencies |
| <input type="radio"/> No food or means to prepare it     | <input type="radio"/> Medical Need/No Insurance           | <input type="radio"/> No diploma/GED                             |
| <input type="radio"/> SNAP and/or food pantries          | <input type="radio"/> No Need/No Insurance                | <input type="radio"/> Enrolled in GED Program                    |
| <input type="radio"/> Senior Center Meals                | <input type="radio"/> No insurance but able to get care   | <input type="radio"/> Has Diploma/GED                            |
| <input type="radio"/> Need help sometimes                | <input type="radio"/> Some Insurance/No Vision or Dental  | <input type="radio"/> Has Diploma/GED not seeking more           |
| <input type="radio"/> Basic food without help            | <input type="radio"/> Some Insurance -not enough          | <input type="radio"/> Has a Certificate or College Degree        |
| <input type="radio"/> Purchase food we desire            | <input type="radio"/> Adequate Insurance                  | <input type="radio"/> Has Masters or PHD                         |
| <input type="radio"/> No access to transportation        | <input type="radio"/> Have bankruptcy/foreclosure         | <input type="radio"/> Family and friends don't help              |
| <input type="radio"/> Suspended/revoked/no license       | <input type="radio"/> Debit in collections                | <input type="radio"/> Family and friends unable to help          |
| <input type="radio"/> Available - unreliable             | <input type="radio"/> Poor Credit                         | <input type="radio"/> Some help from family or friends           |
| <input type="radio"/> Available - inconvenient           | <input type="radio"/> Too much debt                       | <input type="radio"/> Good support from family or friends        |
| <input type="radio"/> Convent - not preferred            | <input type="radio"/> Manageable debt good credit         | <input type="radio"/> Strong support from family or friends      |
| <input type="radio"/> Affordable-convenient              | <input type="radio"/> No Debt                             | <input type="radio"/> Self Sufficient no support needed          |



## Household Certifications

By signing below, I acknowledge that I have READ and AGREE with the Applicant Rights and Responsibilities (pages 7 & 8) for CSBG services provided by Yellowstone Country Assistance Network.

My signature grants permission to the Yellowstone Country Assistance Network or entities it has authorized to (a) verify any information concerning residence (ownership or rental), employment, income resources, energy supply, service address, household size, identification, housing type, landlord, utility provider/fuel supplier, or other vendor(s) which you have given concerning this request for assistance; (b) obtain any information needed concerning the assistance I have requested and (c) complete any survey in connection with assistance.

By my signature on the application, I authorize the release of information to approved agencies, which helps with services I may be eligible for. I authorize Yellowstone Country Assistance Network to coordinate benefits and services with \_\_\_\_\_, (name of your case manager, if applicable). I also swear/affirm that all information contained in the application is true, correct, and complete, to the best of my ability, knowledge, and belief.

I authorize any person having custody or knowledge of information relating to myself and members of my household to furnish any requested information, including confidential information, to any duly authorized agent of the Yellowstone County Assistance Network or employee of Align. This information is to determine eligibility for the programs for which I am applying. I also agree to provide information necessary to verify any statement given on this application. This release is valid from the date I sign this application and shall remain valid until revoked by me in writing. A copy of this authorization is as valid as the original.

I certify, under penalty of perjury, the truth of the information contained in this application, including the information concerning citizenship and immigration status provided for all people living in my home. I declare that the information given in this application is true and correct. I understand the penalty for providing false information is a fine, or imprisonment, or both. Consent is given for any person, agency, or institution to supply information to the Wyoming Community Services Program about me, my family, or individuals listed on this application and to allow inspection by any representative of the Department. I also authorize the Yellowstone Country Assistance Network to openly discuss and share all information regarding my case with my Authorized Representative should I elect to appoint one. I hereby authorize the release of information concerning my Yellowstone Country Assistance Network application and benefits to the vendor as necessary for payment arrangements to be made on my behalf.

**INCOMPLETE AND UNSIGNED APPLICATIONS WILL NOT BE PROCESSED & WILL BE RETURNED FOR REQUIRED SIGNATURES.**

|                            |              |
|----------------------------|--------------|
| <b>Applicant Signature</b> |              |
| <b>Signature:</b>          | <b>Date:</b> |

Yellowstone Country Assistance Network  
PO Box 600 Basin, Wyoming 82410  
Fax (307) 333-0610  
<https://ycanwyoming.com>

# Application Instructions

For Assistance Please Call Toll Free: 833-444-9923

1. Complete **ALL** sections of the application.
2. All household members age 18 and older must sign and date the application.
3. Gather the following items to submit with your application:

## If you are requesting help with rent or deposit you will need the following:

- You must have our Landlord Verification form completed and signed by the landlord.
- Tenant's applying due to a short-term medical condition, surgery, maternity leave, caring for sick child under 18, which has or will keep the tenant from working and has with no paid time off work for a period **6 weeks to no more than 3 months**, in addition to lease agreement please attach a letter/return to work slip from a physician to be considered for more than one month of assistance. **DO NOT SUBMIT ANY MEDICAL RECORDS.**
- An individual or family who is seeking assistance to avoid eviction due to a medical issue causing temporary loss of employment or children in the home. You must provide a "notice to vacate" and Landlord Verification form and have the income ability to resume monthly payments.

## All other bills you are requesting help with you will need the following:

- Assistance can only be paid directly to the vendor that is owed money, we do not pay or reimburse applicants. You must submit a current bill that shows the name of the vendor, the amount, your name and address, and the account number. If you are seeking assistance for work to be done, then we require an estimate be sent with the application. For utilities you must apply for LIEAP first.

## Income Verification Documents: **If your household is over 125% of the FPL the application will be denied, no exceptions.**

- Provide proof of **GROSS Income** for everyone in the household age 18 and older for the past 30 days including the date of the application.
- If anyone receives **Social Security** benefits: provide a copy of the Social Security award letter, Tax Form SSA-1099 Social Security Benefit Statement.
- If anyone in the household receives **pensions, retirements, and/or annuities**: provide a copy of the benefit letter or tax from 1099.
- If anyone in the household is **self-employed** provide a copy of the most recent tax return forms
- Provide proof if anyone in the household receives **income** from Child Support, Alimony/Spousal Support, POWER/TANF benefits, Unemployment Benefits, Veteran Benefits, Workers Compensation, Disability benefits.
- If there is no income in your household**, provide a statement on *page (3)* of the application. If anyone in the household is 18 and older and a **High School** or **College Student** with no income provide proof of school attendance or proof of class registration.
- If anyone in the household is unemployed between the ages of 18-65 (who are not disabled)**, provide a completed and signed workforce registration from the Wyoming Workforce Services or online at www.wyomingatwork.com. If you are receiving any unemployment benefits attach a copy of your unemployment benefit report.

## Identity Verification Documents:

- Proof of **identification** for all household members, which may be a copy of just one of the following: Driver's license, birth certificate, medical insurance card, military ID, state issued ID, passport, current school record(s) or school ID, permanent resident card, or registered alien or crib card.

## Residency Verification Documents:

- Proof of **residency** in Big Horn, Hot Springs, Park, or Washakie County (**must be a resident 1 year or longer**). A utility bill, or other bill with your name and physical address will work.

4. Submit **completed application pages 1-5** with **ALL** supporting documents by any of the following ways:

**Fax: 307-333-0610**

**Email: [yellowstonecountry2007@gmail.com](mailto:yellowstonecountry2007@gmail.com)**

**Mail: YCAN PO Box 600 Basin, WY 82410 (Do Not Mail to Greybull office, no reciprocal)**

## Applicant Rights & Responsibilities

1. Community Assistance Programs at Yellowstone Country Assistance Network help pay costs of essential services for low-income eligible applicants directly to the vendor.
2. Assistance is not allowed for services not allowable in our contract with the Wyoming Department of Health.
3. **Your household may receive CSBG grant assistance one time per household per year, not more than two times per household in five years.**
4. Ongoing case management clients must have their income reviewed every 90 days or every 30 days if zero income declaration is provided.
5. Assistance provided by Yellowstone Country Assistance Network is **not** intended to cover all your financial needs. Funds may not be able to assist you with the entire amount you request. When that happens, you must demonstrate the ability to cover the difference before approved.
6. **Your bills are your responsibility**, and it is your responsibility to contact your creditors/vendors to notify them if your payments are going to be late or making payment arrangements. Please do not put our staff in the awkward position of waiting until the last moment to ask for help (*i.e., the day of a utility shut-off*). Our staff is required to follow our procedures to ensure that we are good stewards of our resources and payments do not come directly from our office. Customers who need immediate assistance can be evaluated for possible assistance during program hours (M-W 9 am to 12 pm), but must understand that we process applications weekly. *Approved applications received before noon on Wednesday can have payment made directly to the vendor that Friday (except holidays). Applications received after noon on Wednesday are not processed for payment until the following week to ensure funds are available.*
7. **Electronic Documents** you send us via email may not be HIPAA compliant. You are encouraged not to send sensitive documents electronically. If you choose to send them electronically, then you agree not to hold Yellowstone Country Assistance Network responsible if outside parties capture them. If you send your application electronically, it is your responsibility to confirm we received it.
8. **Program Dates.** Application processing begins when grant funds are received, close to November 1st of each year. The last day to apply is September 1st of each year, or until funds are exhausted for your county of residence, whichever comes first. Programs operate on a first come first serve basis.
9. If you are facing an emergency due to a natural disaster, flood, house fire, or fleeing domestic violence, select the situation that applies to you on the application (*Additional documents may be required*) Emergency /Disaster relief assistance is handled on a case by case basis. Services are coordinated with Wyoming 211, Red Cross, etc.
10. **Discrimination Act.** The application presented by the applicant will be considered without regard to race, color, sex, age, handicap, religion, national origin, marital status, or political belief. We do, however, need an indication of race, marital status, sex, and disability for statistical reporting purposes.
11. **Privacy:** Information requested on the application is required to determine eligibility and to comply with other program requirements. Electronic records are maintained for review in a state-provided database called CAP60, analysis, research, and evaluation by the State of Wyoming, Federal Agencies, and their authorized representatives. Yellowstone Country Assistance Network maintains case files in a secure location for three years. Information provided is kept confidential, except that Yellowstone Country Assistance Network may disclose the information without your consent, in the following instances:

- a. To federal, state, or local authorities who are responsible for administering or enforcing the regulations of the program for which you apply or receive benefits.
  - b. To a court judge or other administrative, legal body, when information is required in a civil or criminal proceeding.
12. **Denials.** The Yellowstone Country Assistance Network will provide all CSBG denied applicants a written notice of denial.
13. **Appeals.** If your application is denied, you must first request a conference with the Yellowstone Country Assistance Network within 10 days of the date of denial. This request must be in writing to the Yellowstone Country Assistance Network. If issues are unresolved after the conference, you may request an administrative review to be conducted by the Board of Directors within 10 days. For more information regarding the fair hearing and local conference process, you may call Yellowstone Country Assistance Network at 833-444-9923.
- 14. Income Guidelines: All applicant's household GROSS monthly income must be below 125% of the Federal Poverty Level to be eligible for CSBG services. Check the size of your household and the last 30 days of gross income before deductions if you are over the amount on the chart you will not qualify for assistance, per the federal statute.**

| Size of Family Unit | 125% FPL | Monthly Amount |
|---------------------|----------|----------------|
| 1                   | \$15,613 | \$1,301.08     |
| 2                   | \$21,138 | \$1,761.50     |
| 3                   | \$26,663 | \$2,221.92     |
| 4                   | \$32,187 | \$2,682.33     |
| 5                   | \$37,713 | \$3,143.75     |
| 6                   | \$43,238 | \$3,603.17     |
| 7                   | \$48,763 | \$4,063.58     |
| 8                   | \$54,288 | \$4,524.00     |



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## PRIVACY POLICY

This document discloses the privacy practices for Yellowstone Country Assistance Network of Park County, Wyoming, a Wyoming non-profit corporation. As part of the normal operation of Yellowstone Country Assistance Network of Park County, Wyoming, we collect nonpublic information and, in some cases, disclose information about you. This privacy policy describes the information we collect about you, how Yellowstone Country Assistance Network of Park County, Wyoming may use such information, and how we protect that information.

### **Information We Collect**

We collect nonpublic information about you from various sources. The nonpublic information that we collect may include your name, address, telephone number, date of birth, income from all sources, employment history, other sources of support, and assets to which you have access, other financial records.

We collect nonpublic personal information about you from various sources including but not limited to:

- Interviews regarding your personal information;
- Referrals from case managers, social workers, or other community organizations;
- Your application for assistance, that supply such information as your name, address, telephone number, identification, number of dependents, income, and other related information;
- Past and Present Employers, Welfare Agencies, Drug Court, Other Social Service Agencies, Veterans Administration, and Religious Organizations;
- State Unemployment Agencies, Banks, and other Financial Institutions
- Support and Alimony Providers, Child Support Authorities, Social Security Administration Institutions
- Financial Institutions
- Past and Present Landlords/Mortgage Companies;
- Utility Companies, Education Institutions, Public Health/Hospitals/Doctors/Pharmacies/Clinics; and or other businesses the applicant has requested assistance with a bill or invoice from.

### **Our Use of Your Information**

We do not disclose any nonpublic information about our customers or former customers to anyone, except as required by contract to governmental agencies which provide grant funding, contractors inputting client eligibly data, or requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees, contractors, and board members who need such information in order to provide products or services to you.

We maintain physical, electronic and procedural safeguards that comply with Federal regulations to guard your personal information. Our CSBG state contractor requires your information to be entered into a CAP60 database program. YCAN does not have control over the data and all users of the system. We believe the system to be secure but can make no guarantees or representations regarding the system. We take no responsibility for the security of any information entered into CAP60.

### **Electronic Transmittal of Information**

We will, at your request, transmit information to you by facsimile, e-mail, or over the internet. If any confidentiality breaches occur because of data transmission over the internet pursuant to your request, you agree that this will not constitute a breach of any obligation of confidentiality. If you wish to limit such transmission to information that is not highly confidential, or seek more secure means of communication for highly confidential information, you will need to inform us.

### **Changes to Privacy Policy**

The Yellowstone Country Assistance Network of Park County, Wyoming reserves the right at any time, for any reason to amend this Privacy Policy.

### **Questions about Privacy Policy**

If you have any questions regarding Yellowstone Country Assistance Network of Park County, Wyoming's Privacy Policy, please contact us at the below contact information.

YCAN

PO Box 600 Basin, WY 82410 | 307-754-2073 | <https://ycanwyoming.com>