MOTEL/HOTEL ACCOMMODATION

Voucher #: ________

TO: __________________________

FROM: _________________________

DATE: _________________________

Lafourche Parish Office of Community Action is placing ____________________ in your motel/hotel. This family consists of _____ adult(s) and ____ child(ren).

Lafourche Parish Office of Community Action has pledged to pay for only _____ night(s) in your motel/hotel for the total amount of $______. We are not responsible for any damages caused by the above-mentioned family while they are lodged in your motel/hotel.

Please do not hesitate to contact Amanda Matis, OCA Executive Director. (985) 537-7603 if you have any questions or need additional information.

HOLD HARMLESS STATEMENT:

I, __________________________, am responsible for any damages that may occur during my stay in your motel/hotel. If any damages occur during my stay you have my permission to notify the proper authorities. Furthermore, I understand that I am obligated to allow the motel/hotel cleaning staff into my room daily for cleaning purposes during my stay at the motel/hotel.

Client’s Signature: ___________________________ Date: _______________________

Staff Signature: _____________________________ Date: _______________________

Amanda C. Matis
Lafourche Parish Community Action
Phone: 985-493-6902
Fax: 985-493-6601
matisac@lafourchegov.org

_________________________________________  District 1
Jim Wendell  

_________________________________________  District 2
Terry Arabie  

_________________________________________  District 3
Armand Autin  

_________________________________________  District 4
Olynn Chiasson  

_________________________________________  District 5
Daniel Lorraine  

_________________________________________  District 6
District 7
District 8
District 9
LAFOURCHE PARISH COUNCIL OFFICE OF COMMUNITY ACTION

"ASSURANCE OF COMPLIANCE FOR VENDORS"

TO: __________________________________________

FROM: Lafourche Parish Council Office of Community Action

SUBJECT: Assurance of Compliance

The Vendor provides this assurance in consideration of and for the purpose of receiving payments from the undersigned provider for the purchase of goods, services, supplies, equipment, etc., paid with Community Service Block Grant Funds.

Vendor will comply with non-discrimination and equal opportunity of the Civil Rights Act of 1964, Department of Health and Human Services regulations at 45CFR 80 and 84 the Age Discrimination Act of 1975, and the American Disabilities Act, and will render services under this agreement/contract/provisions of goods or services without regards to race, sex, age, color, national origin, religion, political affiliation, and disability. Failure to comply with these statutory, obligations shall be grounds for termination of this agreement.

The person(s) whose signature(s) appear below is/are authorized to sign this assurance and commit the Vendor to the above provisions.

__________________________________________
Authorized Signature(s)

__________________________________________
Date

__________________________________________
Address of Company

__________________________________________
City State Zip Code

__________________________________________
Equal Opportunity Officer Signature

__________________________________________
Date
# Request for Taxpayer Identification Number and Certification

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain the correct taxpayer identification number (TIN), to report, for example, income paid to you, real estate transactions, mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

## Part I: Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3.

For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 8.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions: You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividend, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of U.S. person

**Date**

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than an foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such businesses. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
REQUIRED DOCUMENTS FOR ALL CSBG APPLICATIONS

___ Current Driver's License or Picture I.D. (Louisiana State issued)

___ Social Security Cards for everyone in the household or legal documents (W-2)

___ Proof of Income for all members of the household (4 most recent check stubs and/or
   Updated Award letter

___ Proof of reduction of income (discharge Letter, letter from employer on letterhead (in order to receive rental/mortgage assistance))

___ SNAP print-out updated in the last 30 days (if applicable)

___ All household bills (Rent/mortgage Receipt, Utility, Water, and Gas)

***Excludes victims of House fire or Natural Disaster***

REQUIRED DOCUMENTS FOR THE FOLLOWING SERVICE:

Rental:   ___ W-9 letter completed   ___ Landlord Letter   ___ Eviction Notice

Tuition:  ___ Tuition Invoice   ___ Class Schedule   ___ W-9 form

Mortgage: ___ Notice of Foreclosure   ___ Landlord Letter   ___ W-9 Form

Food Assistance: ___ SNAP Print-out showing client applied/or is receiving

Homeless: ___ A Resident of Lafourche Parish with Eviction Notice or other circumstances

Utilities: ___ Disconnect Notice

Medication: ___ Prescription

Supplies: ___ Letter from the Secondary School, College or Training School
   stating the supplies needed to complete the course

School Uniforms ___ Number of children

Comments/Notes:

__________________________  ____________________________  ____________________________
 Archi Chaisson, III, Parish President Jessica Matis, OCA Executive Director

Architect: Jim Wendell District 5  Jerry Jones District 1  Terry Arabie District 6
William "I-Boo" Adams District 2  Armand Autin District 7  D'lynn Chassion District 8
Michael Gras District 3  Daniel Lorraine District 9  Aaron "Be" Melvin District 4
CSBG CLIENT INTAKE APPLICATION
CSBG Programmatic Reporting Period October 1, 2021 to September 30, 2022

Date: ___________________________ Prepared by: ___________________________ Client File #: ___________________________

Part I.

Name: ___________________________ (Last) (First) (M.I.)
Address: ___________________________ (Street) (City)
          ___________________________ (State) ___________________________ (Zip)
          ___________________________ (Email Address)
Parish: ___________________________ Lafourche
Phone # hm. ___________________________
Phone # wk. ___________________________

Part II.

INCOME/HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Date of Birth</th>
<th>Social Security#</th>
<th>Source of Income/Documentation</th>
<th>Amount of Income for 30 Days Prior to Application Date (gross)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

TOTAL 30 DAY INCOME $ ___________________________

Record the income for each household member 18 and over for 30 days prior to this application. Include income from employment and other types of assistance. For income from employment, record the gross pay.

HOUSEHOLD'S ANNUALIZED INCOME:

$ ___________________________ (total income for 30 days) x 12 (months) = ___________________________ (Household's Annualized Income)

To annualize income, enter the total household income for the past 30 days in the space provided and multiply the amount by 12, then enter the sum for the Household Annualized Income in the space provided.

Is the Household's Annualized Income at or below 125% of the current Poverty Income Guidelines? ☐ Yes ☐ No

Part III.

CSBG INDIVIDUAL DEMOGRAPHIC INFORMATION

<table>
<thead>
<tr>
<th>H/H Mean #</th>
<th>1. Name</th>
<th>2. Age</th>
<th>3. (a) Race</th>
<th>3. (b) Ethnicity</th>
<th>4. Education - highest grade completed for Adults 24 &amp; Older</th>
<th>5. Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a. b</td>
<td>a. b</td>
<td>a. c</td>
<td>a. d</td>
<td>a. e</td>
<td>a. f</td>
</tr>
<tr>
<td>2</td>
<td>a. b</td>
<td>a. b</td>
<td>a. c</td>
<td>a. d</td>
<td>a. e</td>
<td>a. f</td>
</tr>
<tr>
<td>3</td>
<td>a. b</td>
<td>a. b</td>
<td>a. c</td>
<td>a. d</td>
<td>a. e</td>
<td>a. f</td>
</tr>
<tr>
<td>4</td>
<td>a. b</td>
<td>a. b</td>
<td>a. c</td>
<td>a. d</td>
<td>a. e</td>
<td>a. f</td>
</tr>
<tr>
<td>5</td>
<td>a. b</td>
<td>a. b</td>
<td>a. c</td>
<td>a. d</td>
<td>a. e</td>
<td>a. f</td>
</tr>
</tbody>
</table>

1. Sex
a. Male  b. Female

2. Age
a. 0 - 5  b. 6 - 11  c. 12 - 17  d. 18 - 23  e. 24 - 44  f. 45 - 54  g. 55 - 69  h. 70+

3. (a) Race
a. Black or African American  b. White  c. American Indian or Alaskan  d. Asian  e. Multi-Race  f. Other

3. (b) Ethnicity
a. Hispanic or Latino  b. Not Hispanic or Latino  c. High School Graduate/GED  d. 12+ some post secondary  e. 2 or 4 year college graduate

4. Education
a. 0 - 8  b. 9 - 12/Non Graduate  c. High School Graduate/GED  d. 12+/some post secondary  e. 2 or 4 year college graduate

5. Other
a. No Health Ins. or Medicaid  b. Disabled  c. Veteran
### Part IV. CSBG HOUSEHOLD CHARACTERISTICS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Single Parent/Female</td>
<td>a. No Income</td>
<td>a. up to 50%</td>
</tr>
<tr>
<td>b. Single Parent/Male</td>
<td>b. TANF</td>
<td>b. 51 to 75%</td>
</tr>
<tr>
<td>c. Two-parent household</td>
<td>c. SSI</td>
<td>c. 76% to 100%</td>
</tr>
<tr>
<td>d. Single person</td>
<td>d. Social Security</td>
<td>d. 101% to 125%</td>
</tr>
<tr>
<td>e. Two adults/no children</td>
<td>e. Pension</td>
<td>e. 126% to 150%</td>
</tr>
<tr>
<td>f. Other</td>
<td>f. General Assistance</td>
<td>f. 151% to 175%</td>
</tr>
<tr>
<td></td>
<td>g. Unemployment Insurance</td>
<td>g. 176% to 200%</td>
</tr>
<tr>
<td></td>
<td>h. Employment plus any sources above</td>
<td>h. 201% and over</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 1</td>
<td>a. Own</td>
</tr>
<tr>
<td>b. 2</td>
<td>b. Rent</td>
</tr>
<tr>
<td>c. 3</td>
<td>c. Homeless</td>
</tr>
<tr>
<td>d. 4</td>
<td>d. Other</td>
</tr>
<tr>
<td>e. 5</td>
<td></td>
</tr>
<tr>
<td>f. 6</td>
<td></td>
</tr>
<tr>
<td>g. 7</td>
<td>CSBG Demographics &amp; Household Characteristics have been transferred to tally sheets</td>
</tr>
<tr>
<td>h. 8 or more</td>
<td>Date: __________  By: __________</td>
</tr>
</tbody>
</table>

### Part V. CERTIFICATION (APPLICANTS MUST SIGN THIS SECTION)

I certify that the information provided on this application is true and correct to the best of my knowledge and belief.

(Applicant's Signature)  
Date: __________

### Part VI. DESCRIPTION OF HOUSEHOLD SITUATION - PLAN OF ACTION

Describe the current household situation relevant to seeking assistance and agency plan of action. List assistance provided on Client Service Record.

---

LPOCA Form #100  
Local Reproduction Authorized  
Revised January 2016
## Monthly Budgeting Worksheet

This worksheet will help you begin the process of thinking through what you spend each month. If you have any questions about anything, the outreach coordinator will go over everything during your intake.

### Total Household Monthly Income:

1. $__________

### Household Expenses

- **Rent**
- **Utilities:**
  - Electric
  - Water
  - Gas
  - Home Phone
  - Cable
- **Food**
- **Child Care**
- **Laundry**
- **Personal Expenses** (Soap, toothpaste, etc.)
- **Entertainment**
- **Cell phone**
- **Clothing**
- **Car Payment**
- **Insurance (Med./Life/Home/Car)**
- **Gas**
- **Other (Medical/ transportation/meals, etc.)**

### Total Household Monthly Expenses:

2. $__________

### Total Monthly Income Minus Expenses:

3. $__________

If expenses are more than the income please explain how your household is managing:

---

<table>
<thead>
<tr>
<th>Archie Chaisson, III</th>
<th>Parish President</th>
<th>Jim Wendell</th>
<th>District 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jerry Jones</td>
<td>District 1</td>
<td>Terry Arabie</td>
<td>District 6</td>
</tr>
<tr>
<td>William &quot;T-Bo&quot; Adams</td>
<td>District 2</td>
<td>Armand Autin</td>
<td>District 7</td>
</tr>
<tr>
<td>Michael Gros</td>
<td>District 3</td>
<td>D'lynn Chaisson</td>
<td>District 8</td>
</tr>
<tr>
<td>Aaron &quot;Bo&quot; Melvin</td>
<td>District 4</td>
<td>Daniel Lorraine</td>
<td>District 9</td>
</tr>
</tbody>
</table>
CERTIFICATION FORM

FOR

COMMUNITY SERVICE BLOCK GRANT
PROGRAM PARTICIPANTS

ACKNOWLEDGING RECEIPT OF NOTICE ABOUT WHERE TO OBTAIN INFORMATION ON CSBG DISCRIMINATION COMPLAINT AND GRIEVANCE PROCEDURES

I certify that I have been advised of my rights under Department of Health and Human Services Regulations at 45 CFR 80, title VI of the Civil Rights Act of 1964 and 45 CFR, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance and understand these rights as they have been explained to me. Additionally, I have been provided a copy of the notice that includes information on where to file a CSBG discrimination complaint and/or grievance procedures.

__________________________________________
Program Participant Name (Print)

__________________________________________
Program Participant’s Signature

__________________________________________
Date
Lafourche Parish Office of Community Action
Customer Satisfaction Survey

The agency values your feedback. Please complete the following survey regarding services you received today. Check the appropriate boxes below.

1. What service did you receive today? Check all that apply
   □ Rental/mortgage Assistance  Utility Assistance  Medication Assistance
   □ Energy Conservation Kit/Education  Income Tax Preparation  Commodities
   □ Tuition Assistance
   □ Other ____________

2. Did you receive assistance in a timely manner?
   □ Yes, easily  Yes, eventually  No, Describe your experience__________________________

3. Did the receptionist, family service worker, supervisor, etc., treat you in a respectful and professional manner?
   □ Yes  No, Explain ________________________________

4. How responsive was the staff member in meeting your needs or concerns?
   □ Extremely responsive  Responsive  Not at all responsive
   Explain, ______________________________________________________________________

5. If no assistance was provided, did you receive referrals(s) to other agencies?
   □ Yes
   □ No

6. Are there additional needs or services that you feel are needed to help support your family or the community? If yes, please explain.
   ______________________________________________________________________________

7. Please rate your overall satisfaction:
   □ Extremely Satisfied
   □ Satisfied
   □ Average
   □ Dissatisfied
   □ Extremely Dissatisfied

8. Date: ____________ Name of Worker who assisted you today: ________________________