

**X ENTITY Community Services Block Grant (CSBG)
COVID-19 Emergency Disaster Relief and Recovery Income Eligibility and Direct
Cash Assistance Policy and Procedures**

Background

In response to the COVID-19 emergency, the X ENTITY is enacting emergency disaster policies and procedures for the Community Services Block Grant (CSBG) program for Emergency Disaster Relief and Recovery. These policies and procedures shall be in effect until the State's emergency disaster declaration has ceased or the Colorado Department of Local Affairs (DOLA) declares COVID-19 emergency policies and procedures no longer necessary. These changes impact income qualification policies and procedures, and allowable Federal Objectives, Strategies, and Services all created to allow more flexibility in the CSBG program in response to the COVID-19 emergency.

The federal CSBG funds may be used to carry out a variety of activities designed to reduce poverty, revitalize low-income communities, and empower low-income families and individuals to become self-sufficient. Under the Emergency Disaster Relief and Recovery DOLA CSBG COVID-19 Response and 200% FPL policy, local CSBG eligible entities are able to enact emergency policies and procedures intended to streamline local responses, while still maintaining certain aspects of determining client eligibility for CSBG services or benefits provided by eligible entities.

Under this declaration, in response to the COVID-19 emergency, all CSBG Federal Objectives, Services and Strategies (as identified in the OMB-Approved CSBG Annual Report framework and not identified as disallowed activities for CSBG funds such as construction or political of nature) are allowable CSBG activities immediately. Additionally, the CSBG Federal Objective of "Other" specific to Emergency Disaster Relief and Recovery shall be used to implement any CSBG allowable service/strategy if in response to the COVID-19 emergency. Finally, under these changes and this policy, X ENTITY is allowed to work through sub-grantee partners when appropriate and with all necessary contractual agreements in place.

Client Eligibility

To be eligible for CSBG services or benefits, clients must be at or below 200% of the federal poverty line as determined by the federal Office of Management and Budget (OMB) based on the most recent federal Census data and as revised annually (or more frequently) by the U.S. Department of Health and Human Services (see 2020 table below).

In order to ensure that CSBG funds are being used for income eligible clients, X ENTITY shall screen for income eligibility. When appropriate, staff are expected to maintain files on clients served by the CSBG program to confirm client eligibility and review use of funds in monitoring visits or upon request.

Client files should contain the following information:

- I. Date of application for support.
- II. Applicant name and address.
- III. Applicant demographic data.
- IV. Applicant family size and income.
- V. Income certification documents or income self-declaration form (when appropriate).
- VI. Name and title of the person performing the intake.

A record of service provision must be included in the applicant/participant files of each eligible applicant/participant. The record must include the initial date of service and the services provided, as well as the date and services provided for on-going or repeated services. Records of service provision may be maintained electronically, as long as separate records are maintained on each program participant. Client assessments will be incorporated into the record of service provision when appropriate. All client intake and service delivery processes may be electronically-based is appropriate.

2020 Poverty Guidelines for the 48 Continental United States

Number of Persons in Family/Household	200% of Federal Poverty Level
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
	For families/households with more than 8 persons add \$8,960

Client Income Eligibility Verification

Client files must contain copies of documents used to certify income such as paystubs and letters from employers detailing business closures or client income self-declaration in cases where documentation is not possible or reasonable (and upon staff approval). In the case of applicants reporting zero income the file must

contain a written explanation why there is no income and any relevant documentation if available (such as the self-declaration form, a letter from the former employer outlining business closure). A staff member must approve the income eligibility verification.

Emergency disaster relief services, which are provided to people who are likely to meet the CSBG income eligibility requirements, do not require validation of income when circumstances make it impossible or impracticable to obtain income documentation. Examples include homeless shelters and food banks; or services to children receiving SNAP benefits; and/or services that facilitate linkages and coordination of services to low-income people in the community.

Time Period for Income Calculation

Under this CSBG COVID-19 Emergency Disaster Relief and Recovery Policy, X ENTITY will conduct income eligibility for a time periods of <INSERT TIME PERIOD HERE...may be as short as two-weeks as long>. DOLA has encouraged local CSBG Grantees to enact emergency policies around CSBG that allow a shortened time period for income eligibility when related to providing assistance under the federal domain of “Other” (Emergency Disaster Relief).

Client Eligibility Recertification

Under the Colorado CSBG COVID-19 Emergency Disaster Relief and Recovery Policy, the time period for which an applicant/participant is eligible for CSBG funded services and direct financial aid shall be 18 months from the date of the previous verification.

Household Size

X ENTITY defines “household” as an individual or group of individuals who are living together in a dwelling unit as one economic unit. Children receiving foster care services are allowed to represent a household of one for the purpose of eligibility determination.

Household Income

Household income includes gross (pre-tax) income from employment, net income if self-employed, public assistance cash benefits (non-Disaster relief related), alimony, child support, net rental income, gaming or lottery winnings, SSI, interest, and taxable income. It is calculated without consideration of taxes paid or anticipated. Per IRS Publication 525 “Taxable and Nontaxable Income”, emergency disaster relief cash assistance to individuals/families is not considered taxable income (see IRS Publication 525 - Disaster Relief Payments - https://www.irs.gov/publications/p525#en_US_2019_publink1000229482).

Household income does not include disaster relief cash assistance; capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car, or tax refunds, gifts, loans, lump sum inheritances, one-time insurance payments, or compensation for injury. Also excluded are non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits; food or housing received in lieu of wages; the value of food and fuel produced and consumed on farms; the imputed value of rent from owner-occupied non-farm or farm housing; and such Federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance, and certain disability payments made to disabled children of Vietnam veterans as prescribed by the Secretary of Veterans Affairs.

Allowable Strategies/Services

Under the Colorado CSBG COVID-19 Emergency Disaster Relief and Recovery Policy, all CO CSBG Grantees are allowed to conduct any strategy and/or service (as identified in the OMB-Approved CSBG Annual Report framework and not identified as disallowed activities for CSBG funds such as construction or political of nature) including Internet service being considered a utility and supported through a qualifying utility assistance payment.

Under the Colorado CSBG COVID-19 Response Policy, DOLA encouraged Colorado CSBG Grantees to utilize direct cash assistance (including electronic prepaid and reusable debit cards) and/or gift cards whenever needed and appropriate locally. As such, DOLA considers direct cash assistance and/or gift cards to be fully

expended once they are provided to a CSBG eligible customer (no tracking of use is required). DOLA encouraged Colorado CSBG Grantees to implement emergency policies and procedures that outline any direct cash assistance/gift card activities.

As such, X ENTITY as developed the following policy for emergency disaster cash/gift card/EBT card assistance:

<INSERT LOCAL PROCEDURES FOR POLICY HERE AND CONTACT DOLA/CCAA FOR GUIDANCE>

Appendix - Sample Income Verification Acknowledgement Form

SAMPLE INCOME VERIFICATION POLICY ACKNOWLEDGEMENT FORM

State of Colorado CSBG COVID-19 Emergency Disaster Relief and Recovery Policy regulations require written policies and procedures to determine client eligibility for all programs receiving CSBG funding support, including the verification process of total household gross income, household size, and eligibility period. If direct cash/gift card assistance is provided, third-party income verification must be performed.

In determining household income, self declaration may also be used as an acceptable method in the case of:

- Shelter Residents
- Emergency Food Bank Users
- Limited Service Participants (i.e. bus tokens)

In extreme cases related to the COVID-19 emergency, self-declaration may be used as a method of last resort/exception for assistance, when file documentation is included that states the reason(s) that other verification methods are not available.

In all cases, the signature (or electronic submission of application certifying accuracy and acknowledgement of program eligibility requirements) of the applicant/participant and identification/approval of the intake worker/case manager must appear on the appropriate income verification form.

I acknowledge receipt of this income verification policy.

Date:

Name:

Signature:

Staff Approval:

Appendix - Sample Self-Declaration of Income Statement Form

SAMPLE SELF-DECLARATION OF INCOME STATEMENT FORM

BELOW, INCLUDE SPECIFIC REASON(S) THAT THIRD-PARTY INCOME VERIFICATION METHODS ARE NOT REQUIRED or AVAILABLE (if receiving direct cash/gift assistance):

- Other: _____
- Self-Declaration as a last resort (self-declaration may be used as a method of last resort/exception for direct cash/gift card assistance, when file documentation is included that states the reason(s) that other verification methods are not available.). Reason for verification methods unavailable:

INTAKE WORKER/CASE MANAGER APPROVAL: _____ YES _____ NO IF NO, EXPLAIN:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT/CLIENT

DATE

OR ELECTRONIC SUBMISSION OF FORM CERTIFYING ACCURACY _____

SIGNATURE OF INTAKE WORKER/CASE MANAGER

DATE

OR ELECTRONIC SUBMISSION OF FORM CERTIFYING ACCURACY _____

Appendix - Sample Self-Declaration of Income Form

COMMUNITY SERVICES BLOCK GRANT SAMPLE SELF-DECLARATION OF INCOME FORM

NAME OR IDENTIFYING NUMBER:		
ADDRESS:		
CITY:	ZIP:	COUNTY:

TOTAL NUMBER OF HOUSEHOLD MEMBERS	
TIME PERIOD FOR CALCULATION	
HOUSEHOLD GROSS INCOME	\$

Meets 200% FPL Income Guidelines?

Yes **No**

CLIENT CERTIFICATION: I hereby certify that I have provided accurate self-declaration of my household income.

Name Printed _____ Signature _____ Date _____

STAFF APPROVAL: I hereby certify that I have reviewed self-declaration of income for the above household and retained a copy in the client's file for monitoring/auditing purposes.

STAFF/CASE MANAGER PRINTED NAME

SIGNATURE _____

TITLE

DATE

- FORM MAY BE PROCESSED ELECTRONICALLY IN-LIEU OF SIGNATURES SHOWING CERTIFICATION BY ALL PARTIES

Appendix - Sample Income Verification Form

COMMUNITY SERVICES BLOCK GRANT SAMPLE INCOME VERIFICATION FORM

NAME OR IDENTIFYING NUMBER:		
ADDRESS:		
CITY:	ZIP:	COUNTY:

Eligible third-party verification may include but is not limited to appropriate documentation such as the most recent payroll stub, letter from employer outlining business closure, tax returns, and bank statements.

TOTAL NUMBER OF HOUSEHOLD MEMBERS	
TIME PERIOD FOR CALCULATION	
HOUSEHOLD GROSS INCOME	\$

Meets 200% FPL Income Guidelines?

Yes No

CLIENT CERTIFICATION: I hereby certify that I have provided eligible third-party verification of my household income.

Name Printed

Signature

Date

STAFF APPROVAL: I hereby certify that I have reviewed eligible third-party verification for the above household and income and retained a copy in the client's file for monitoring/auditing purposes.

STAFF/CASE MANAGER PRINTED NAME

SIGNATURE

TITLE

DATE

Appendix - Sample Staff Client Income Verification Approval Form
SAMPLE STAFF USE FORM - CLIENT INCOME VERIFICATION APPROVAL FORM
*** Staff completes all areas**

CLIENT INFORMATION

NAME: _____
DATE: _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

Types of Income from ALL Household Members (Circle One or More)

SSI Child Support Pension
SSDI Money from family and/or friends Employment
Unemployment Other (specify) VA OAP TANF

Types of Verification Provided (Attach to this Form)

Bank statement Pay stubs or earning statement Other (specify)
IRS tax form 3rd party written verification

Time period for income calculation: _____
Total Household Income during period: _____
Total Number of Household Members: _____
FPL Level for time period: _____

*** Income does not exceed the maximum amount per family size indicated in the 200% FPL Table.**

COMPLETED BY:

Staff Member Name: _____
Staff Member Title: _____
Denied ___ Approved___ Service(s) To Be Provided: _____

SIGNATURE: _____
DATE: _____

**Appendix - Sample Client Zero Income Self-Declaration Income Form
SAMPLE CLIENT ZERO INCOME SELF-DECLARATION FORM**

PERSONAL INFORMATION

NAME: _____
DATE: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____

Please answer all the following questions

PLEASE CIRCLE ALL FORMS OF INCOME YOU RECEIVED THIS MONTH:

SSI Child Support Pension
SSDI Money from family and/or friends Other (specify)
Unemployment VA Church or other charity OAP TANF

1. DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT? YES NO

NAME OF BANK: _____
BALANCE: _____

HOW DO YOU PAY FOR:

Groceries: _____
Laundry: _____
Utility bills: _____
Home or cell phone: _____
Cable TV: _____
Transportation: _____
Hygiene products & supplies: _____
Diapers, baby food, school supplies or toys for children: _____
Eating out, movies or other entertainment: _____

I DO HEREBY SWEAR AND ATTEST THAT MY ENTIRE HOUSEHOLD CURRENTLY HAS ZERO INCOME AND ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS.