



The Town of Orange, Connecticut

Orange Community Services

Community Services Assistance Program GUIDELINES AND POLICIES

The Town of Orange Community Services Department strives to develop and maintain a coordinated system of social services for the residents of Orange. We provide advocacy, information, referral guidance, and support services to residents in need. The Department serves as a crucial link between the agencies both within and outside of Orange and the resident(s) in need. We also assist residents in completing a variety of state and federal assistance applications and navigating systems.

To accomplish this goal, the Department relies solely on donations to support the Community Services Assistance Program. Funds are obtained through donations from various sources including but not limited to private companies, churches, civic and service clubs, and individuals and families. The Director or designee may allocate funding to assist qualified residents in need.

Allocations can be made to assist residents including, but not limited to, emergency fuel assistance, holiday gift and food baskets, groceries, clothing and/or emergency situations on a case by case basis. Fund distribution and approval is dependent on funding availability at the time of request.

Disclaimers

- **Request(s) may be granted if applicant(s) meet eligibility requirements and based upon availability of funds. Compliance with eligibility requirements does not necessarily guarantee the fulfillment of the request.**
- **Emergency Fuel: Amount of fuel is limited to up to 100 gallons of fuel per household per year and secondary to allocations from CT Energy Assistance Program and Operation Fuel.**
- **Under special circumstances, some eligibility requirements may be waived with the approval of the Director of Community Services or designee.**

Orange Community Services Assistance Program Application Process

- Any household in financial crisis may seek assistance from the Community Assistance Program. Fund distribution approval is dependent on funding availability at such time.
- Applicant(s) must present proof of residency.
- Any household seeking direct financial assistance from Orange Community Services will be required to show proof of income for all household members who are over the age of 18 and are not full time students. Parents or guardians must present proof that their dependent children are full time students. Income guidelines that are used for the state energy assistance program will be used in determining eligibility.
- Maximum allocation of up to \$500.00 per 12-month period may be given to a household. **(Please note this allocation is always based on funding availability and resident eligibility at the time of the request).**
- Any household seeking funding for utility/heating assistance through Orange Community Services Assistance Program is required to apply for all benefits available through utility companies, the State of Connecticut Energy Assistance Program, and Operation Fuel.



Town of Orange, Connecticut
Orange Community Services

High Plains Community Center
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Orange, Connecticut, 06477

Phone: (203) 891-2154
Fax: (203) 891-2191
www.orange-ct.gov

Application for the Community Services Assistance Program

Today's Date: _____

Application # _____

Name: _____

Address: _____

Phone: _____ Email _____

Statement of Need

Four horizontal lines for writing the statement of need.

Income

You must provide verification of all income for all household members.

Household member Age Income Source Amount

Household member Age Income Source Amount

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Household member Age Income Source Amount

Total Annual Household Income

Categorical Eligibility

Applicants who can show proof of categorical eligibility may need only show **one of the following** with no other information being required:

- Food stamp booklet or award letter (not food stamp I.D. card as there is no expiration date);
- A State Department of Social Services (DSS) Notice of Award, Form W-52, or a copy of the check(s) or check stub(s) showing payment to the household/family covering the “current income status” period (not DSS I.D.);
- A General Assistance Notice of Action (form W-1255) which shows dates of eligibility and monthly payment;
- A copy of the check(s) or check stub(s) for Aid to the Blind or Disabled;
- A copy of the check(s) or check stub(s) for State Supplemental Security Income (SSI) or a Statement from a bank, if check(s) (are) direct deposited;
- State of Connecticut or Federal Energy Assistance award letter.

Assets

You must provide verification of all liquid assets for all household members.

Resource	Current Value	Institution / Account Number
Checking Account(s)	\$	
Savings Account(s)	\$	
Credit Union Account(s)	\$	
Stocks/Shares	\$	
Bonds	\$	
Certificate of Deposit (CD)	\$	
Individual Retirement Accounts (401K, etc.)	\$	
Other (specify)	\$	
Total	\$	

Housing

Do you own your home? Yes No How much is the mortgage? _____

Are you currently renting? Yes No How much is the rent? _____

Certification

I hereby verify that all of the information provided by me in order to obtain assistance from the Town of Orange Department of Community Services is true and correct to the best of my knowledge and belief.

I am also aware that, if granted assistance, I must provide receipts for all purchases made with the funds that are awarded to me.

I understand that if I have knowingly given any false or incorrect information, the applicant(s) will not be eligible for future assistance.

Applicant's Signature

Date

STAFF USE ONLY. DO NOT WRITE BELOW THIS LINE.

Has documentation verifying income and assets been provided? Yes No _____
Please initial

Additional Comments or Recommendations

Eligibility Requirements:

- *Must be a verified resident of Orange*
- *Applicants must present supporting documentation to verify income as well as a signed personal statement of need*
- *To be considered eligible:*
 - *Total household income should not exceed 60% of the State of CT Median income for a household with a member age 60 or older, disabled, or age 6 or less. All other household income should not exceed 200% of Federal Poverty Line.*

** Eligibility requirements may be waived due to special circumstances **Waived? Y / N***

Applicant's Total Annual Household Income \$ _____ **Y / N**
Qualified under income guidelines?

Applicant's Total Assets \$ _____ **Y / N**
Qualified under asset guidelines?

STAFF USE ONLY. DO NOT WRITE BELOW THIS LINE.

Funding Source

Food Pantry

Fuel Bank

Other

Comments / Recommendations

Date to Complete

Completed

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Receipts Required? Yes No

** All receipts must be submitted to Orange Community Services within 7 business days of the date award is presented.*

Approved By: _____ **Date of Approval:** _____

Date receipt(s) received: _____