



Chandler NAS
345 S. California St,
Chandler, AZ 85225
(480) 963-1423 ext. 126
nas@azcend.org

Gilbert NAS
132 W Bruce Ave. (ELLIOT & GILBERT RD)
Gilbert, AZ 85233
(480) 892-5331
nas@azcend.org

Appointment TIME:	
Appointment DATE:	
Scheduled with:	

******If your application has not been completed or you are more than 10 minutes late you may be rescheduled. ******

List of documents you *MUST* PROVIDE IN ORDER TO RECEIVE ANY ASSISTANCE:

- Social Security cards for ALL household members, CAP 2 or Household Summary print out from DES, print out from Social Security Office showing social security numbers
- US Birth Certificate, Certificates of Naturalization, US Passport, Permanent Residence Card for **Applicant only** or Current decision letter stating eligibility for Food Stamps or Cash Assistance
- Photo ID - **Applicant only**
- Proof of income for ALL household members **for the last 30 days CHECK ALL THAT APPLY**
 - ☐ Award letters for Cash Assistance or Social Security benefits: SS, SSI, SSDI
 - ☐ Pay stubs for last 30 days for all household members
 - ☐ Child support payment history for last 30 days and Atlas number
 - ☐ Unemployment 'Weekly Claims Information' print out for last 30 days from www.azui.com
 - ☐ If Self Employed:
 - Journal or ledger including name, phone number, and amount paid for all clients in the last 90 days.
 - ☐ If no longer employed:
 - Statement from most recent previous employer stating last day worked, reason for release, date last pay was issued, gross amount, vacation and sick pay received.
 - ☐ If starting new employment:
 - Statement from your employer stating start date, rate of pay, hours schedule to work and pay date schedule
 - ☐ If there has been NO INCOME in the past 30 days:
 - Signed Zero Income statement explaining how you have been surviving for the last 30 days
- Proof of Crisis: **MUST HAVE VERIFICATION OF ONE OF THE FOLLOWING:**
 - Verification of Loss of income within the last 90 days
 - Verification of Reduction of income within the last 90 days
 - Receipts from unplanned or unexpected expenses that occurred in last 90 days (car repairs, medical, or funeral expenses)
 - Verification of Health and Safety condition that endangers the household (condemned property, infestation, domestic violence) that occurred in the last 90 days

List of documents you *MUST* provide for Rental Assistance:

- Current Lease Agreement
- Original "RENT/MORTGAGE LETTER" completed by the landlord or mortgage company. **Form provided by NAS office. Please request this form.** Landlord's signature cannot be more than 10 days as of the date of the appointment including weekends. If Landlord is located out of state a faxed copy is acceptable.
- **if applicable** 5-day notice or eviction notice if you have received one

List of documents you *MUST* provide for Utility Assistance:

- Most recent APS, SRP, or SWG, City of Chandler or Town of Gilbert utility bills - **all pages of bill required**
- M-Power clients must bring recent receipt with account number or last 30 days payment history
- Utility Deposits: Verification that rent and rental deposit has been paid. Copies of receipts of paid rent/rental deposit.

List of documents you *MUST* provide for Town of Gilbert Housing Repairs:

- Title/Deed for home.
- Property tax statement for home.
- Most recent water bill



**Neighborhood Assistance Services
(NAS)
Prescreening and Needs Evaluation**

PLEASE READ— This form must be completed in its entirety or it may be dismissed due to lack of information.

Applicants Name: _____ Date: _____

Current Address: _____

City: _____ State: AZ _____ Zip Code: _____

Mailing Address: _____
Street or PO Box # City State Zip Code

Home Phone: _____ Cell Phone: _____

Message Phone: _____ Email: _____

Family Type:

- ☐ Single Parent/ Female
- ☐ Single Parent/ Male
- ☐ Two Parent household
- ☐ Single person
- ☐ Two adults(no minor children)
- ☐ Other

Living Arrangement / Dwelling:

- ☐ House
- ☐ Mobile Home
- ☐ Apartment
- ☐ Other

Housing Type:

- ☐ Rent
- ☐ Own
- ☐ Subsidized/Section 8
- ☐ No Pay
- ☐ N/A
- ☐ Homeless

This is not a guarantee of assistance. This is a list of the information needed to determine eligibility.

Client Name: _____ Due Date: _____

Please provide ALL of the marked items:

_____ Driver's License (Applicant)

_____ Social Security Cards (All Household Members)

_____ Birth Certificate (Applicant)

_____ 30 Days Income (All Household Members)

_____ Current Utility Bills: SRP, APS, SWG, TOG

_____ Rent/Mortgage Letter & W9

_____ Current Lease

_____ Proof of Crisis _____

_____ Completed Application

What assistance are you requesting today? Check all that apply

- ☐ Past Due Rent
- ☐ Past Due Mortgage
- ☐ First Month's Rent
- ☐ Utility (electric, gas)
- ☐ Utility Deposit
- ☐ Emergency Home Repairs – **Gilbert Only**

(please explain): _____

Do you receive Food Stamps? Yes _____ No _____

Would you like to sign up for SNAP (food Stamps)? Yes _____ No _____

Do you have children 5 and under? _____ Yes _____ No _____

Are you interested in receiving more information about children's programs? _____ Yes _____ No _____

Do you have an open application with Maricopa County/have applied in the Client Portal?

_____ Yes _____ No

Do you have documents to verify your lawful presence in the United States (Citizenship or Qualified Non-Citizen Status)? Please see reverse side for examples. _____ YES _____ NO

*****Please note that some of our funding sources may require verification of applicant's lawful presence. Any applicant who declares verbally or in writing that s/he is here illegally or in violation of USCIS law will be reported to Immigration and Customs Enforcement pursuant to ARS §1-501 and §1-502 and A.R.S.**

STAFF USE ONLY

REFERRALS GIVEN:

- ☐ MARICOPA COUNTY ☐ SNAP/AHCCCS ☐ FRC/DIAPERS ☐ LIHWAP
- (602-506-0589)
- ☐ CITY OF CHANDLER ☐ VITA ☐ WIC ☐ DIGNITY HEALTH
- ☐ SOUTHWEST BEHAVIOR ☐ OPEN ARMS ☐ HOMEOWNER ASSISTANCE FUND (HAF)
- ☐ FOOD BANK ☐ SENIOR CENTER ☐ CLOTHES CABIN ☐ EMPLOYMENT ASST.
- ☐ OTHER: _____

Please Complete the following with information about your household

DO NOT COMPLETE GREY AREAS

Social Security #	NAME First, Middle, Last	Gender	Date of Birth			Health Ins	Vet	Edu	Mrtl Stats	Lang	Citz	ETH	Race	Rel
		M F		Hmbd	Hdcp									
1.Applicant's		M F		Y N	Y N	Y N								
2. Household member		M F		Y N	Y N	Y N								
3. Household member		M F		Y N	Y N	Y N								
4. Household member		M F		Y N	Y N	Y N								
5. Household member		M F		Y N	Y N	Y N								
6. Household member		M F		Y N	Y N	Y N								
7. Household member		M F		Y N	Y N	Y N								
8. Household member		M F		Y N	Y N	Y N								
9. Household member		M F		Y N	Y N	Y N								
10. Household member		M F		Y N	Y N	Y N								

Services Provided: CHECK ALL THAT APPLY

UTA RPR FBR FSR CMA ONR Other:

Date: _____

Funding Rec'd: Ch-16 GL-18 United Way SRP Bill Asst. SWG-ES EFSP ARPA-R

Service Amount: Rent: \$_____ Utility: \$_____ Utility Deposit: \$_____ First Mo. Rent: \$_____ Mortgage: \$_____

Other: _____ Other Amount: \$_____

Gross Income(30 days):\$_____

Income Type: Empty Empty&Ben Other No Income

Benefits: CA GA SSI SS Pension UI

MONTHLY INCOME		MONTHLY EXPENSES	
Employment (take home)	\$	Rent/Mortgage	\$
Workers Comp.	\$	Utilities (Gas/Electric)	\$
Unemployment	\$	Water/Sewer/Garbage	\$
Child Support	\$	Home/Cell Phones	\$
Social Security	\$	Food (Groceries/Meals Out)	\$
VA/Pension	\$	Car Payment	\$
TANF/Welfare	\$	Car Insurance	\$
Utility Allowance	\$	Gas	\$
Self Employment	\$	Medical/Dental Expenses	\$
Other Income	\$	Clothing	\$
Food Stamps	\$	Household Goods (soap, etc.)	\$
Grants/Loans	\$	Entertainment (cable, movies)	\$
		Child Care Expenses	\$
		Education Expenses	\$
TOTAL	\$	TOTAL	\$
MONTHLY INCOME - MONTHLY EXPENSES= \$			

INCOME INFORMATION

Name of household member with income	List name of source of income	Phone Number (Of source of income)	Frequency (weekly, monthly, bi-weekly)	Day of week income received (Mon., Tues, etc.)	Total Gross Income In last 30 days

Please explain what happened that caused you to need/request assistance (i.e. unexpected expenses, loss of income, etc.):

[illegible]



**Neighborhood Assistance Services (NAS)
Chandler/Gilbert
Confidentiality Policy**

AZCEND – Neighborhood Assistance Services (NAS) staff recognizes the importance of the highly sensitive information given to them by their clients. The NAS staff will not violate the trust and confidence of their clients. Failure to adequately protect confidential information regarding NAS clients may be grounds for employee dismissal.

The following guidelines were designed to help ensure that privileged information is treated with confidentiality and respect:

- Client files will be stored in locked cabinets
- Access to files is limited to NAS caseworkers, AZCEND supervisory staff.
- Clients have the right to review their files. AZCEND staff must be present while a client reviews their files.
- Photo identification must be presented at the time of the request.
- Only applicants and their spouses (listed as a household member on the application) may view the files.

The following guidelines will govern the release of confidential client information:

- The “need to know” principle will govern which information will be released.
- Information will only be released when a client has authorized such release, as outlined on the client assessment form.
- Requests for client information from police or court personnel will be referred to AZCEND’s NAS Program Manager immediately.
- Any questions related to the release of client information will be referred to AZCEND’s NAS manager.

I have read and received a copy of the Confidentiality Policy as outlined above.

Client Signature: _____ **Date:** _____

Caseworker’s Signature: _____ **Date:** _____



AZCEND
Neighborhood Assistance Services
Chandler/Gilbert
Grievance Process

We hope your contact with the Neighborhood Assistance Services (NAS) is beneficial to you. If you feel, for any reason, you have been treated unfairly you have a right to seek a solution as outlined below.

Step 1: Discuss your concern with the NAS manager to try to reach a satisfactory solution. You can call 480-963-1423 ext. 204 to discuss verbally or schedule a meeting. You must contact the manager within 10 days of the problem occurrence. The NAS manager will document your complaints as well as any steps taken to resolve the situation. The NAS shall maintain the files and records relating to complaints for a period of three years. Such documents shall be maintained as confidential records. You may request a copy of this documentation.

Step 2: If you are dissatisfied with the results of your meeting with the NAS manager, you may present your complaint to AZCEND's Program Operations Manager (480-963-1423 ext. 110). You must contact the Program Operations Manager within 10 days of completing step one. The Program Operations Manager will respond within 2 weeks of discussion and will document your complaint as well as any steps taken to resolve your complaint. You may request a copy of this documentation.

Step 3: If you feel your complaint has not been satisfactorily resolved, you may present your complaint in writing within 10 business days to AZCEND's Executive Director (345 S. California St. Chandler, AZ 85225 Phone number 480-963-1423). Upon review of your complaint, and in no more than 10 business days, you will be provided a written response addressing your concerns. AZCEND's Executive Director shall review all client grievances for the purpose of continuous quality improvement. A record of client grievances shall be kept as part of the Chandler/Gilbert quality improvement documentation. The NAS senior management and Board shall review as appropriate.

I have read and received a copy of the Grievance Procedure outlined above.

Client Signature: _____ Date: _____

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Chandler, AZ 85225
480-963-1423 ext. 126

Gilbert location
132 W Bruce Ave.
Gilbert, AZ 85233
480-892-5331

CLIENT RIGHTS AND RESPONSIBILITIES

I understand that it is my responsibility to keep all appointments and to notify the Application Intake Worker if I am unable to keep my appointment.

I will provide all necessary documents and verifications as requested. In the event that I am not able to obtain a requested document or verification, I will notify the Application Intake Worker who will provide me with direction or assistance concerning this matter.

I understand that, without all necessary documents and verifications, an application for direct financial assistance cannot be processed.

I understand that I must provide full and accurate information regarding all persons in my home, to include income, resources, property and all other items that pertain to my household's possible eligibility for services.

I understand that failure to cooperate fully with the application intake process is grounds for denial of an application for direct financial assistance.

I understand that, if I believe my application should not have been denied, I may appeal this decision. I will notify this agency if I wish to appeal this decision or the quality of service I was provided. I understand that, upon request, I will be provided assistance with my request to appeal. If I have not already received one, I will request from this agency, a copy of their written appeal, grievance, or problem solving procedure. I understand that, if I wish to appeal, I or my authorized representative must do so in writing to this agency within ten (10) days of the receipt of the denial notice.

With my signature below, I confirm that I fully understand my rights and responsibilities.

Applicant Signature

Date

SUBMIT FORM