



COMMUNITY SERVICES BLOCK GRANT (CSBG) PROGRAM APPLICATION

FAMILY EMPOWERMENT ACTION TO SELF-SUFFICIENCY (FEATS)

Operation Breakthrough’s Family Empowerment Action to Self-Sufficiency (FEATS) program, an initiative of the Community Services Block Grant (CSBG) Program, is a comprehensive, goal-oriented program designed to assist low-income residents of Durham County in becoming self sufficient through education, training, career development, life skills, employment opportunities, and providing referrals to other service agencies. For applicants to qualify for services, income must meet or fall below the federal poverty level guidelines

Applicants are required to obtain a GED, if they do not have a high school diploma, follow an individualized plan of action **and** be willing, able and available to work fulltime. Also, individuals and families may qualify for additional services.

EMERGENCY ASSISTANCE PROJECT

WHAT IS THE PROCESS?

- Complete an application (applications must be completed before appointments are set)
- Set up an appointment
- Bring proof of your income for the last 12 months

WHAT WILL BE PAID?

- **PAST DUE** bills ONLY – Note: bills must in the name of the applicant
- Bills that exceed \$300.00 will not be processed UNLESS the applicant can show proof that the remaining balance will be paid. Applicants can bring receipts or letters (*on letterhead*) from other agencies committing to the balance.

HHS FEDERAL POVERTY GUIDELINES

Family Size	100%
1	\$10,890
2	\$14,710
3	\$18,530
4	\$22,350
5	\$26,170
6	\$29,990
7	\$33,810
8	\$37,630
For each additional person add	\$3,820

APPLICATION PROCEDURES

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS YOUR APPLICATION:

- PROOF OF INCOME (12 MONTHS FROM DATE OF APPLICATION):**
*INCOME MUST BE REPORTED FOR ALL HOUSEHOLD MEMBERS 19 YEARS OF AGE AND OLDER -ACCEPTABLE: SSI BENEFITS, UNEMPLOYMENT BENEFITS, CHILD SUPPORT STATEMENTS, PAY STUBS, OFFICIAL LETTER FROM EMPLOYER, CHECK STUBS, ETC.
- PROOF OF HIGH SCHOOL DIPLOMA OR GED**
- NAMES OF ALL HOUSEHOLD MEMBERS**
- PROOF OF DURHAM COUNTY RESIDENCY - MOST RECENT UTILITY, CABLE OR TELEPHONE BILL FOR PROOF OF RESIDENCY**
- PICTURE ID (Drivers License or State ID)**

PLEASE FAX -919-683-0960 OR RETURN/MAIL TO: CSBG
Operation Breakthrough, Inc.
P.O. Box 1470
Durham, North Carolina 27702

FOR MORE INFORMATION CONTACT US AT (919) 688-8111



Operation Breakthrough, Inc.
CSBG PROGRAM APPLICATION
 800 N. Mangum Street, Durham, North Carolina 27701

DATE OF APPLICATION: _____

PLEASE CHECK ONE: **EMERGENCY ASSISTANCE PROJECT APPLICANT** **FEATS PROGRAM APPLICANT**

PERSONAL INFORMATION

Full Name:			
Address:	City:	State: NC	Zip Code:
Home Number: ()	Cell/Alternate: ()	E-mail:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with Partner		
Birth Date: ____/____/____	<input type="checkbox"/> 17 or under	<input type="checkbox"/> 18-23	<input type="checkbox"/> 24-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-69 <input type="checkbox"/> 70+
What language(s) do you speak?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____

EDUCATION

RACE

<input type="checkbox"/> H.S. Graduate	<input type="checkbox"/> Black/African American
<input type="checkbox"/> H.S (Non-Graduate)	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> GED	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> College Graduate	<input type="checkbox"/> Native American/Pacific Islander
<input type="checkbox"/> College (non- graduate)	<input type="checkbox"/> Asian/
	<input type="checkbox"/> Other: _____

LEVEL OF INCOME

SOURCE OF INCOME

<input type="checkbox"/> 0-\$10,400	<input type="checkbox"/> Employment
<input type="checkbox"/> \$10,401 -14,000	<input type="checkbox"/> Work First
<input type="checkbox"/> \$14,001 – 17,600	<input type="checkbox"/> SSI
<input type="checkbox"/> \$17,601 -21,200	<input type="checkbox"/> Social Security
<input type="checkbox"/> \$21,201 – 24,800	<input type="checkbox"/> Pension
<input type="checkbox"/> \$28,401 – 28,400	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> \$28,401 – 32,000	<input type="checkbox"/> No Income
<input type="checkbox"/> \$32,001 – 35, 600+	<input type="checkbox"/> Other: _____

OTHER INFORMATION (Please check all that apply)

HOUSING

<input type="checkbox"/> Veteran	<input type="checkbox"/> Homeless
<input type="checkbox"/> Disabled/handicapped	<input type="checkbox"/> Subsidized Housing; How much do you pay monthly? \$_____
<input type="checkbox"/> Food Stamp recipient	<input type="checkbox"/> Rent; How much is your rent? \$_____
<input type="checkbox"/> Medicaid Recipient	<input type="checkbox"/> Own; How much is your mortgage? _____
<input type="checkbox"/> No Health Insurance	

FAMILY

Family Type: Single Parent 2-Parent Family Single (no children) Two Adults (no children)

Family Size (How many people are in your family?): One Two Three Four Five Six Seven Eight or more

What would like to accomplish in the program? _____

How did you hear about the program(s)? _____

⊕ **PLEASE COMPLETE FAMILY INFORMATION ON BACK** ⊕

Relationship to FAMILY (i.e. son, daughter, etc.)	Date of Birth	Age	Highest Grade Completed	Monthly Income	Special Status
APPLICANT (YOUR) NAME HERE:				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
1.				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
2.				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
3.				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
4.				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
5.				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
6.				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
7.				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
8.				\$	<input type="checkbox"/> Student <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped/Disabled
TOTAL				\$	

Total Family Income per Month: \$ _____ x 12 Months =\$ _____

NONDISCRIMINATION POLICY

Operation Breakthrough, Inc. does not discriminate against any person on the basis of race, color, national origin, disability, or age in participation in our programs, services and activities, or in employment. For further information about this policy, contact Ms. Jessie Parker, Section 504 Coordinator, (919) 688-8111, extension 222, or TTY Number 1-800-735-2962, Voice 1-800-735-8262 or 711.

All applications are reviewed and processed in a fair manor and all decisions will be based on program guidelines. No applicant will be denied because of race, religion, national origin, color, sex, age, veteran status, or handicap.

Applicants Signature: _____ Date: _____