EASTERN PLAINS C.A.A., INC.

LETTER TO CLIENT

Checklist of items to process CSBG Application

In order to receive assistance, the following information that is checked is needed. All information along with the completed and signed CSBG Centralized Intake Application must be turned in to the CSBG office for assistance.
(The application will not be accepted, unless it is complete)

	1. **Application for assistance -** complete and sign. (Client if you need assistance to fill out the application let the caseworker know)
	2. Verification of household income (*past 30 days)* ( ) Weekly pay – last 4 check stubs ( ) Bi-weekly pay – last 2 check stubs ( ) Semi-monthly – last 2 check stubs ( ) Monthly – award letters within the year SS, SSI, GA, TANF, SNAP, Unemployment benefits, etc…
	3. Identification – Driver's License, IS, SS cards, Birth/Baptismal certificate.
	4. SS numbers for all household members – SS cards, award letters with SS number, ISD records, Medicaid/Medicare cards, Tax forms, etc…
	5. Rent Assistance – Landlord letter & W-9 must be completed by the landlord.
	6. Food Assistance – Request by client, stating why the household is without food.
	7. Survey – Complete and sign.

Notes: _____

July 1, 2025, 200% of Federal Poverty Level		
Persons in family/household	**Monthly Amount**	**Annual Amount**
1	$2,608.33	$30,300
2	$3,525.00	$42,300
3	$4,441.67	$53,300
4	$5,358.33	$64,300
5	$6,275.00	$75,300
6	$7,191.67	$86,300
7	$8,108.33	$97.300
8	$9,025.00	$108,300
For each additional person, add:	$916.67	$11,000

EASTERN PLAINS C.A.A., INC.

CENTRALIZED INTAKE APPLICATION FORM

Date: _____

Case: _____ **County:** _____

Head of Household: _____ **SS#** _____

Address: _____ **City/Zip:** _____

Phone #'s Home/Cell: _____ **Email:** _____

Household Type:

- ○ **Single**
- ○ **Single Female Parent**
- ○ **Single Male Parent**
- ○ **Two Parent Family**
- ○ **Two Adults No Children**
- ○ **Other** _____

ALL HOUSEHOLD MEMBERS Family Size _____ **#Males** _____ **#Females** _____
(If more than 7 use back)

SS#	Last Name	First Name	DOB	Sex	Ethnic	Disabled	Educ.
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____
_____	_____	_____	_____	M/F	_____	Yes/No	_____

Check all that apply:

- ○ US Citizen/legal resident
- ○ Health Insurance
- ○ Disabled
- ○ Veteran
- ○ Rent Home Amt. _____
- ○ Buying Home Amt. _____
- ○ Subsidized Housing
- ○ Homeless
- ○ Other _____

Income Source:

- ○ Employment
- ○ Unemployment Comp
- ○ VA/Pension
- ○ SSI
- ○ SS
- ○ GA/TANF Benefits
- ○ Employment + other
- ○ No Income

Do you receive:

- ○ Food Stamps
- ○ LIHEAP

Totals: _____

Monthly Income: _____

Annual Income: _____

Certification: I certify that the information on this application is correct and I also understand that receipt of assistance through misrepresentation constitutes fraud and is punishable by fine or imprisonment.

Applicant's Signature _____ **Worker's Signature** _____

Under no circumstances will Eastern Plains C.A.A., Inc. tolerate discrimination, any person who believes he/she has been discriminated against on the basis race, sex, religion, color, age, disability, sexual preference or national origin, may submit a written complaint to : Isabel Gonzales, Executive Director PO Box 1244, Tucumcari, NM 88401 Revised 7/22/2025

EASTERN PLAINS C.A.A., INC.

STATEMENT OF NEED

Applicant Signature: **Date:**

DO NOT WRITE BELOW THIS LINE – FOR EPCAA STAFF ONLY

OUTREACH WORKER SECTION

Service Provided: _____ **Voucher Amount:** _____

Referred to: _____ **Referred from:** _____

Outreach Worker Signature: _____ **Authorization:** _____

Date Accepted: _____ **Date Processed:** _____

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EASTERN PLAINS C.A.A., INC.

SELF-DECLARED FORM

Income Status

I _____ self-declare that my
(Print Name)

Household monthly income is:

Wages _____

Social Security _____

TANF _____

SSI _____

Unemployment _____

Self Employed _____

Other _____

No Income _____

By signing or attesting to this statement, I am certifying that I am applying for assistance from a Community Services Block Grant (CSBG) funded agency and I am eligible to receive services, as my household is at or below 200% of the Federal Poverty Level. I further certify that the documentation provided and the facts contained in this application are accurate and true to the best of my knowledge and understand that falsified statements on this application or in the documentation provided could result in being denied CSBG-funded assistance in New Mexico.

_____ _____
Client Signature Date

_____ _____
Outreach Worker Signature Date

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Revised 7/22/2025

EASTERN PLAINS C.A.A., INC.

LANDLORD/MORTGAGE LETTER

(Must be completed by Landlord/Owner)

Date: _____ County: _____

Tenant: _____

Address: _____

City/Zip Code: _____

Is Client behind in rent? **Yes** **No**

Date rent is due: _____ *(month, date & year)*

Amount of rent per month: _____

Amount paid by housing assistance: _____
(Housing Authority, HUD, etc.)

_____
Make check payable to (PRINT NAME)

_____
Landlord/Owner's Mailing Address Landlord Phone#

_____
Landlord/Owner's City, State and Zip Code

Certification: I certify that the information provided on this form is correct I also understand that receipt of assistance through misrepresentation or fraud is punishable by law. Landlord will receive 1099 MISC at the beginning of the year if amount exceeds IRS limitations for rent received. Landlords are required by the IRS to report rents received on Income Tax return.

_____
Signature of person completing this form

EASTERN PLAINS C.A.A., INC.

CLIENT APPEAL POLICY - CLIENT RIGHTS AND COMPLIANT PROCEDURE:

**Client Appeal Policy –Clients rights and complaint procedure form is mailed to the Client

In the event that a client is denied service or should a client not be satisfied with services delivered, or should a client have any other grievance regarding services from EPCAA, the client shall have the right to file an appeal on any adverse action. The process for the appeal shall be as follows:

The Client must talk with the appropriate Executive Assistant/CSBG Program Specialist to try to informally resolve the situation or application, etc.

Should it be impossible to resolve the problem informally, the client may within 30 day's file a formal appeal for a hearing using the EPCAA client grievance form.'

Within 15 days of the appeal, the Executive Director shall review all the circumstances of the appeal and issue a decision in writing to the client and the EPCAA employee. The Executive Director's decision is subject to review by HSD and/or the courts.

The right of a client to file an appeal shall not be hindered and any employee interfering with this right shall be subject to disciplinary action, including termination. If the client needs assistance in completing the appeal form a disinterested person shall be assigned to assist the client. The Executive Director shall decide any appeal based solely on challenging eligibility guidelines, and no right to appeal to the Board of Directors shall be available.

This client appeal policy must be posted in all EPCAA offices and in clear view of clients, the eligibility worker must also advise the client that they have a right to appeal.

Client Confidentiality (Release of Information): All information in the client's file is confidential; a release of information statement must be submitted by the client to the Executive Director before any information is released to other sources, unless an order has been issued by a court of law. The Client may request copies of information in their client file, although a PICTURE ID IS REQUIRED FOR THIS PURPOSE.

I _____ was informed of the EPCAA Client Appeal/Grievance Policy.
(Client signature)

_____ _____
(Outreach Worker Signature (Date)

Revised 7/22/2025

EASTERN PLAINS C.A.A., INC.

Thank you for taking part in our survey so that we are better able to serve our clients.

Please circle your response.

1. How did you hear about our agency:

   Poster/Flyer **Internet** **Word of Mouth** **Other**

2.	I was helped in a timely manner.	**Yes**	**No**	**N/A**
3.	I was treated with respect.	**Yes**	**No**	**N/A**
4.	I got the information/services I needed.	**Yes**	**No**	**N/A**
5.	I was informed about other Eastern Plains CAA programs.	**Yes**	**No**	**N/A**
6.	I would recommend Eastern Plains CAA to friends and/or family.	**Yes**	**No**	**N/A**
7.	I would be willing to participate in discussion groups to help Eastern Plains CAA continue to improve. (*Please include name & contact number*)	**Yes**	**No**	**N/A**
8.	When I came into the building, I felt welcomed.	**Yes**	**No**	**N/A**
9.	The building was clean.	**Yes**	**No**	**N/A**

Name: _____ Phone#: _____

Comments/how can we better serve you: _____

_____

_____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ – ___ – ____

or

Employer identification number

__ – _____

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 or 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they