



4876 Highway I, Raceland, LA 70394
P.O. Box 425, Mathews, LA 70375
985-537-7603 (Office) | 985-493-6601 (Fax)
www.lafourchegov.org

Mitch Orgeron, Parish President

Office of Community Action

1st MONTH'S RENT OR MORTGAGE

This letter confirms _____ has rental property/mortgage loan (circle one) at
(Client's Name)

_____. The rent/mortgage is due on
(Address)

_____. The amount of the 1st month's rent or mortgage is \$ _____.
(Date)

This does not include deposits or legal fees or any other rental fees. I agree to accept Community Service Block Grant funds for the payment of rent/mortgage. Payment will guarantee residency for 30 days.

Sincerely,

Landlord or Mortgage Name

Landlord's Telephone #

Landlord or Mortgage Signature

Date Verified by Staff

Landlord or Mortgage Address

Staff Signature

City, State, Zip

Ali C Adams
OCA Executive Director
Lafourche Parish Community Action
Phone: 985-537-7603
Fax: 985-493-6601
lafourche.oca@lafourchegov.org

"An Equal Opportunity Employer/Program"

Mitch Orgeron Parish President
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William "T-Boo" Adams District 2
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Aaron "Bo" Melvin District 4

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LAFOURCHE PARISH COUNCIL OFFICE OF COMMUNITY ACTION
"ASSURANCE OF COMPLIANCE FOR VENDORS"

TO: _____
FROM: Lafourche Parish Council Office of Community Action
SUBJECT: Assurance of Compliance

The Vendor provides this assurance in consideration of and for the purpose of receiving payments from the undersigned provider for the purchase of goods, services, supplies, equipment, etc., paid with Community Service Block Grant Funds.

Vendor will comply with non-discrimination and equal opportunity of the Civil Rights Act of 1964, Department of Health and Human Services regulations at 45CFR 80 and 84 the Age Discrimination Act of 1975, and the American Disabilities Act, and will render services under this agreement/contract/provisions of goods or services without regards to race, sex, age, color, national origin, religion, political affiliation, and disability. Failure to comply with these statutory obligations shall be grounds for termination of this agreement.

The person(s) whose signature(s) appears below is/are authorized to sign this assurance and commit the Vendor to the above provisions.

X _____
Authorized Signature(s)

Y _____
Date

Y _____
Address of Company

Y _____
City State Zip Code

Equal Opportunity Officer Signature

Date

Y

The information below is required to complete the annual CSBG vendor list.

Is the vendor:

Female Owned

Minority Owned

Neither Female nor Minority Owned

Corporate Owned

"An Equal Opportunity Employer/Program"

"Auxiliary Aids and Services are available upon request to individuals with disabilities"

X

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) >

Other (see instructions) >

Exempt payee

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

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note, if the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

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

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 901.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



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REQUIRED DOCUMENTS FOR ALL CSBG APPLICATIONS

- Current Driver's License or Picture I.D. (Louisiana State issued)
- Social Security Cards for everyone in the household or legal documents (W-2)
- Proof of Income for all members of the household (4 most recent check stubs and/or Updated Award letter)
- Proof of reduction of income (discharge Letter, letter from employer on letterhead (in order to receive rental/mortgage assistance))
- SNAP print-out updated in the last 30 days (if applicable)
- All household bills (Rent/mortgage Receipt, Utility, Water, and Gas)

*****Excludes victims of House fire or Natural Disaster*****

REQUIRED DOCUMENTS FOR THE FOLLOWING SERVICE:

- Rental: W-9 letter completed Landlord Letter Eviction Notice
 - Tuition: Tuition Invoice Class Schedule W-9 form
 - Mortgage: Notice of Foreclosure Landlord Letter W-9 Form
 - Food Assistance: SNAP Print-out showing client applied/or is receiving
 - Homeless: A Resident of Lafourche Parish with Eviction Notice or other circumstances
 - Utilities: Disconnect Notice
 - Medication: Prescription
 - School Uniforms Number of children Proof of enrollment
 - Comments/Notes:
-
-

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Daniel Lorraine	District 9

CSBG CLIENT INTAKE APPLICATION

CSBG Programmatic Reporting Period October 1, 2023 to September 30, 2025

Date: _____ Prepared by: _____ Client File #: _____

Part I

Name: _____ Parish: Lafourche
(last) (first) (M.I.)

Address: _____ Phone # hm. _____
(street) (apt.#)

_____ Phone # wk. _____
(city) (zip)

EMAIL ADDRESS: _____

Part II

INCOME/HOUSEHOLD MEMBERS

Household Members	Date of Birth	Social Security#	Source of Income/Documentation	Amount of Income for 30 Days Prior to Application Date (gross)
TOTAL 30 DAY INCOME				\$

Record the income for each household member 18 and over for 30 days prior to this application. Include income from employment and other types of assistance. For income from employment, record the gross pay.

HOUSEHOLD'S ANNUALIZED INCOME:

\$ _____ (total income for 30 days) x 12 (months) = _____ (Household's Annualized Income)

To annualize income, enter the total household income for the past 30 days in the space provided and multiply the amount by 12, then enter the sum for the Household Annualized Income in the space provided.

Is the Household's Annualized Income at or below 200% of the current Poverty Income Guidelines? Yes No

Part III

CSBG INDIVIDUAL DEMOGRAPHIC INFORMATION

H/H Mem #	Name	1. Sex		2. Age								3. (a) Race						3. (b) Ethnicity		4. Education					5. Other			
		a	b	a	b	c	d	e	f	g	h	a	b	c	d	e	f	a	b	a	b	c	d	e	a	b	c	
1																												
2																												
3																												
4																												
5																												

1. Sex a. Male b. Female	2. Age a. 0 - 5 b. 6 - 11 c. 12 - 17 d. 18 - 23 e. 24 - 44 f. 45 - 54 g. 55 - 69 h. 70+	3. (a) Race a. Black or African American b. White c. American Indian or Alaskan Native d. Asian e. Multi-Race f. Other	3. (b) Ethnicity a. Hispanic or Latino b. Not Hispanic or Latino	4. Education – highest grade completed for Adults 24 & Older a. 0 - 8 b. 9 - 12/Non Graduate c. High School Graduate/GED d. 12 + some post secondary e. 2 or 4 year college graduate	5. Other a. No Health Ins. or Medicaid b. Disabled c. Veteran
---------------------------------------	--	---	---	--	---

Part IV.

CSBG HOUSEHOLD CHARACTERISTICS

6. Household Type		8. Source of Household Income		9. Level of Household Income	
a. Single Parent/Female		a. No Income		a. up to 50%	
b. Single Parent/Male		b. TANF		b. 51 to 75%	
c. Two-parent household		c. SSI		c. 76% to 100%	
d. Single person		d. Social Security		d. 101% to 125%	
e. Two adults/no children		e. Pension		e. 126% to 150%	
f. Other		f. General Assistance		f. 151% to 175%	
		g. Unemployment Insurance		g. 176% to 200%	
		h. Employment plus any sources above		h. 201% and over	
7. Household Size		i. Employment Only		10. Housing	
a. 1		j. Other		a. Own	
b. 2				b. Rent	
c. 3				c. Homeless	
d. 4				d. Other	
e. 5				11. Other Characteristics	
f. 6				a. Receive Food Stamps	
g. 7		CSBG Demographics & Household Characteristics have been transferred to tally sheets Date: _____ By: _____		b. Farmer	
h. 8 or more				c. Migrant Farmworker	
				d. Seasonal Farmworker	

Part V.

CERTIFICATION (APPLICANTS MUST SIGN THIS SECTION)

I certify that the information provided on this application is true and correct to the best of my knowledge and belief.

Date: _____

(Applicant's Signature)

Part VI.

DESCRIPTION OF HOUSEHOLD SITUATION - PLAN OF ACTION

Describe the current household situation relevant to seeking assistance and agency plan of action. List assistance provided on Client Service Record.



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Monthly Budgeting Worksheet

This worksheet will help you begin the process of thinking through what you spend each month. If you have any questions about anything, the outreach coordinator will go over everything during your intake.

Total Household Monthly Income:

1. \$ _____

Household Expenses

Rent	\$ _____
Utilities:	\$ _____
Electric	\$ _____
Water	\$ _____
Gas	\$ _____
Home Phone	\$ _____
Cable	\$ _____
Food	\$ _____
Child Care	\$ _____
Laundry	\$ _____
Personal Expenses (Soap, toothpaste, etc.)	\$ _____
Entertainment	\$ _____
Cell phone	\$ _____
Clothing	\$ _____
Car Payment	\$ _____
Insurance (Med./Life/Home/Car)	\$ _____
Gas	\$ _____
Other (Medical/ transportation/meals, etc.)	\$ _____

Total Household Monthly Expenses

2. \$ _____

Total Monthly Income Minus Expenses

3. \$ _____

If expenses are more than the income, please explain how your household is managing:

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Job Search Referral Form

Lafourche Parish Office of Community Action is referring _____ to Louisiana Workforce Commission for JOB SEARCH.

Office of Community Action Referring Staff: _____
Signature

Response

		YES	NO
1	Obtained employment?		
2	Enrolled in a training program?		
3	Job search?		
4	Completed application, resume, or cover letter exercise?		

Other response or comments:

Client: _____
Signature

LA Workforce Staff:

Print Name *Signature*

Contact Number *Date*

- | | | | |
|-----------------------|------------------|-----------------------|------------|
| Mitch Orgeron | Parish President | Terry Pierce | District 5 |
| DeJee Broomfield | District 1 | Terry Arabie | District 6 |
| William "T-Boo" Adams | District 2 | Armand "Noonie" Autin | District 7 |
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CERTIFICATION FORM
For
COMMUNITY SERVICES BLOCK GRANT
PROGRAM PARTICIPANTS

**ACKNOWLEDGING RECEIPT OF NOTICE ABOUT WHERE TO OBTAIN
INFORMATION ON CSBG DISCRIMINATION COMPLAINT AND GRIEVANCE
PROCEDURES.**

I certify that I have been advised of my rights under Department of Health and Human Services' Regulations at 45 CFR 80 and 45 CFR 84, Title VI of the Civil Rights Act of 1964, Nondiscrimination on basis of handicap in Programs and Activities Receiving Federal Financial Assistance and understand these rights as they have been explained to me. Additionally, I have been provided a copy of the notice that includes information on where to file a CSBG discrimination complaint and/or grievance procedure.

PROGRAM (CSBG FUNDED INDIRECTLY OR DIRECTLY)

PROGRAM PARTICIPANT NAME (PRINT)

PROGRAM PARTICIPANT SIGNATURE

DATE

SEND COMPLAINTS TO:
JANE DOE, EO COORDINATOR
ALRIGHT COMMUNITY ACTION AGENCY
1001 NORTH 23RD STREET
BATON ROUGE, LA 70801
OFFICE # (225) 342-0000: TDD # 711

Lafourche Parish Office of Community Action Customer Satisfaction Survey

The agency values your feedback. Please complete the following survey regarding the services you received today. Check the appropriate boxes below:

1. What services did you receive today? Check all that apply:

- Rental/Mortgage Assistance
- Commodities
- Utility Assistance
- Prescription Assistance
- Tuition Assistance
- Uniform Voucher
- Food Voucher
- Other _____

2. Did you receive assistance in a timely manner?

- Yes
- No, please explain:

3. Did the receptionist, family services worker, supervisor, etc. treat you in a respectful and professional manner?

- Yes
- No, please explain:

4. How responsive was the staff member in meeting your needs or concerns?

- Extremely responsive
- Responsive
- Not at all responsive, please explain:

5. If no assistance was provided, did you receive a referral to another agency?

- Yes
- No, please explain

6. Are there any additional needs or services that you feel are needed to help support your family or community? If yes, please explain:

7. Please rate your overall satisfaction:

- Extremely Satisfied
- Satisfied
- Average
- Dissatisfied
- Extremely Dissatisfied

Date: _____ Name of worker who assisted you: _____

Household Name: _____

Gender (#):

How many of each in the household?

Male _____ Female _____ Other _____

Unknown/Not reported _____

Age (#):

How many of each in the household?

0-5: _____ 25-44: _____ 65-74: _____

6-13: _____ 45-54: _____ 75+: _____

14-17: _____ 55-59: _____ Unknown/Not reported: _____

18-24: _____ 60-64: _____

Education Level (#):

How many of each in the household?

Grades 0-8: _____ 12 grade + Some post-secondary: _____

Grades 9-12/non-graduate: _____ 2 or 4 year college graduate: _____

High School Graduate: _____ Unknown/Not Reported _____

GED/Equivalency Diploma: _____

Health Insurance (#):

Medicaid _____ Military Health Care _____

Medicare _____ Direct Purchase _____

State Children's Health Insurance Program _____ Employment Based _____

State Health Insurance for Adults _____ Unknown/Not reported _____

Ethnicity (#):

Hispanic/Latino/Spanish Origins _____

Not Hispanic/Latino/Spanish Origins _____

Unknown/Not Reported _____

Race (#):

American Indian or Alaska Native _____

White _____

Asian _____

Other _____

Black or African American _____

Multi-race _____

Native Hawaiian/Other Pacific Islander _____

Unknown/Not reported _____

Military Status (#):

Veteran _____

Active Military _____

Never served _____

Unknown/Not reported _____

Work Status (#):

Employed Full-time _____

Unemployed (long term, more than 6 months) _____

Employed Part-time _____

Unemployed (not in the labor force) _____

Migrant/Seasonal Farmer Worker _____

Retired _____

Unemployed (short term, 6 months or less) _____

Unknown/Not reported _____

Household Type (X):

____ Single Person

____ Multigenerational Household

____ Two Adults NO children

____ Widow (Female)

____ Single Parent Female

____ Widower (Male)

____ Single Parent Male

____ Other

____ Two parent household

____ Unknown/Not reported

____ Non-related adults with children

Household Size (#): _____

Housing (X):

____ Own

____ Homeless

____ Rent

____ Other

____ Other Permanent Housing

____ Unknown/Not reported

Level of Household Income (%): _____

Sources of Household Income (X):

____ Income from Employment Only

____ Other income source only

____ Income from Employment/Other Income Source

____ Other Income Source and non-cash benefits

____ Income from Employment/Other Income/ Non-cash benefits

____ No income

____ Income from Employment/Non-cash benefits

____ Non-cash benefits only

____ Unknown/Not reported

Other Income Source (X):

____ TANF

____ VA non-service connected disability pension

____ Child Support

____ Supplemental Security Income (SSI)

____ Private Disability Insurance

____ Alimony or other Spousal Support

____ Supplemental Security Disability Income (SSDI)

____ Workers' Compensation

____ Unemployment Insurance

____ VA Service-Connected Disability Compensation

____ Retirement Income from Social Security

____ EITC

____ Pension

____ Other

____ Unknown/Not reported

Non-cash Benefits (X):

____ SNAP

____ Public Housing

____ Childcare Voucher

____ WIC

____ Permanent Supportive Housing

____ Affordable Care Act Subsidy

____ LIHEAP

____ HUD-VASH

____ Other

____ Housing Choice Voucher

____ Unknown/Not reported

Program (X):

____ Rental Assistance

____ School Uniform Voucher

____ Mortgage Assistance

____ Homeless

____ Tuition Assistance

____ Utilities

____ Food Voucher

____ Prescription Assistance

____ Supplies

LA Primary Intake Assessment*Housing**

Home Ownership (includes condo, co-op)	
Non-subsidized rental housing	
Employer provided housing	
Safe and secure subsidized rental apartment	
Safe and secure subsidized Section 8 housing	
Living with relatives or friends by choice	
Safe and secure subsidized public housing	
At risk of loss of housing, needs to reapply to continue housing benefits	
Safe and secure transitional housing	
Safe and secure domestic violence shelter	
Temporary shelter, hotel, motel or trailer	
Unaffordable home or subsidized or non-subsidized rental	
Cannot make rent or mortgage, unexpected situation	
Home in foreclosure	
Living with relatives or friends due to crisis	
Substandard/unsafe housing	
At risk of eviction	
Incarcerated	
Homeless	
N/A or client declined to respond	

Food and Nutrition

Able to afford any food without food programs	
Able to afford most food without food programs	
Able to afford food by participating in food programs such as SNAP, WIC, or other public or private food programs, received additional food support to address food insecurity, achieved stabilization	
Able to afford food by participating in food programs such as SNAP, WIC or other public or private food program	
Uses food programs such as SNAP, WIC, etc., is in need of immediate food assistance, experiencing food insecurity	
At risk of loss of SNAP, WIC or other food programs, needs to reapply to continue benefits	
Unable to afford food, uses a food bank, pantry or vouchers	
Unable to afford or obtain sufficient food	
N/A or client declined to respond	

Energy and Other Utilities

Pay all bills without subsidy	
Utilities included in Rent	
Pay all bills with established payment plan	
Pays all or most bills with subsidy	
At risk of loss of energy benefits, needs to reapply to continue benefits	
At risk of energy shutoff (notice of shutoff); unable to pay bill(s) needs to apply to obtain benefit	
Utility shut off; unable to pay bill(s)	
Homeless, Utilities Not Applicable	
N/A or client declined to respond	

Household Budgeting

Able to pay all bills, expenses do not exceed income, discretionary funds for spending and savings	

Able to pay all bills, expenses do not exceed income	
Able to pay all bills, expenses do not exceed income, discretionary funds for spending	
Unable to pay some bills, expenses exceed income	
Unable to pay most bills, expenses exceed income	
Unable to pay any bills, expenses exceed income	
N/A or client declined to respond	

Transportation

Reliable private transportation/vehicle that meets family needs	
Public transportation that meets the family needs, no assistance needed	
Private transportation/vehicle available, assistance needed	
Public transportation available, assistance needed	
Public transportation or private transportation/vehicle rarely available	
No public or private transportation	
N/A or client declined to respond	

Employment

FT work above minimum wage with employer provided benefits	
PT employment (by choice) that supplements (adds to) income needs	
Retired or disabled; not in work force or seeking employment; sufficient income	
FT work above minimum wage without employer provided benefits	
Currently receiving worker's compensation	
FT work at minimum wage with or without employer provided benefits	
Receiving SSI or SSDI	

Employed. Currently on FMLA (no pay)	
PT employment with or without benefits	
Unemployed with work history or skills	
Retired or disabled; not in work force or seeking employment; insufficient income	
Unemployed without work history or skills	
N/A or client declined to respond	

Childcare

Enrolled in Head Start or ECE	
Enrolled in unsubsidized licensed childcare of choice	
Enrolled in licensed subsidized child care of choice	
Enrolled in subsidized afterschool program	
Enrolled in licensed subsidized child care, limited choice	
Childcare provided by a family member, friend or unlicensed facility	
Enrolled in Head Start (limited hours/days), need for additional child care	
At risk of losing childcare benefits, needs to reapply to continue benefits	
On waiting list for childcare	
Not enrolled in childcare or in unsafe facility	
Does not have children or grandchildren in need of ECE	

Education-Adults/Youth (Over 18)

Certificate/license from technical/professional training	
Post-Secondary degree: Bachelors, Masters or Doctorate degree	
Post-Secondary degree: Associates degree and a certificate or license	

Post high school vocational education, non-college business courses, technical/professional training or college credits	
High school diploma/GED	
ESL Certificate	
Reading/writing/math skills present, possible TABE, no GED/High School diploma	
Reading/writing/basic math skills absent, illiterate	
N/A or client declined to respond	

Health Insurance-Adults

All adults have health insurance	
At risk of loss of health insurance; needs to apply or reapply to continue or supplement health insurance	
Some adults have health insurance	
No adults have health insurance	
N/A or client declined to respond	

Health Insurance-Children

All children have health insurance	
At risk of loss of health insurance; needs to apply or reapply to continue or supplement health insurance	
Some children have health insurance	
No children have health insurance	
Does not have children	

Primary Health Care

Access to same provider (medical home) as needed	
Access to various providers as needed	
Limited access to providers	

Emergency room use only	
No access due to geographic, transportation or financial constraints	
N/A or client declined to respond	
N/A or client declined to respond	

Ancillary Assistance

Not in need of basic necessities	
Situation resolved, no longer in need of basic necessities	
Situation addressed, receives most basic necessities	
Situation addressed, receives some basic necessities	
Urgent situation, in need of basic necessities, can be scheduled	
Emergent situation, immediate	
N/A or client declined to respond	