

SERVICING ASHTABULA AND GEAUGA COUNTIES!!



Housing Services Division

SPECIAL PROGRAMS APPLICATION

Dear Applicant:

You are applying for the Special Programs offered through the Ashtabula County Community Action Agency. Please complete the attached application in its entirety, and return it with the following documentation:

- **Proof of homeownership such as a deed, tax bill, or copy of the title;**
- **Proof of the household (*anyone residing in the household*) income (most recent paystubs, Social Security award letter, retirement etc.). Please include all forms of income for the past 30 DAYS (SSI, SSA, SSDI, TANF, wages, unemployment, disability, veterans' benefits, pensions, ect...) Any household member over 18 with no income does require more documentation. Please call the number below for that information.**

The application will be put on hold if it is not completed or documentation is missing. Keep in mind that applications are only kept on file for one year, after that you must re-apply for services.

Applications can be dropped off at 6920 Austinburg Rd. Ashtabula, OH44004, or mailed to:

ATTN: Housing Dept. P.O. Box 2610 Ashtabula, OH 44005.

If you have any questions please call ACCAA at (440) 997-5957 ext. 550 or 554.

Sincerely,

Ashtabula County Community Action Agency

6920 Austinburg Road, PO Box 2610, Ashtabula, OH 44005-2610

P:(440) 997-5957

www.accaa.org

F: (440) 998-1925

This Agency is an equal provider of services and an equal employment opportunity employer. Civil rights Act 1964 (CRA)

SPECIAL PROGRAMS



AGENCY USE ONLY

_____ Direction Home Eastern Ohio (DHEO) *Ashtabula County Only*

_____ United Way (UW) *Ashtabula County Only*

_____ Essential Home Repair (EHR) *Ashtabula & Geauga County*

Name: _____ **Date of Birth:** ____/____/____

Address: _____ **SS #:** _____

City / State / Zip: _____ **Phone #:** _____

Mailing Address (If different): _____

Please select the correct answer:

___ **YES** ___ **NO** Do you have heat / Is your furnace working?

___ **YES** ___ **NO** Do you have hot water / Is your hot water tank working?

Gender: Male ___ Female ___ Other ___

Disabled: Yes ___ No ___

Veteran: Yes ___ No ___

US Citizen: Yes ___ No ___

Ethnicity: Hispanic, Latino or Spanish Origins ___ No Hispanic, Latino or Spanish Origins ___

Race: American Indian/Alaskan Native ___ Asian ___ Black/African American ___
Native Hawaiian/Other Pacific Islander ___ Other ___ Unknown ___ White ___

Family Type: Single Parent ___ Two Parent ___ Single ___ Two Adults w/no Children ___
Non-Related Adults w/Children ___ Multi-Generational ___ Other ___

Please complete the table below for all household members. If you need more room please use the back of this sheet.

Last Name	First Name	Date of Birth	Social Security #	Ethnicity (all that apply)	Gross Income

SPECIAL PROGRAMS



DHEO CLIENT COST SHARE/ SLIDING FEE SCALE AGREEMENT

The revised Older Americans Act includes a cost sharing regulation. The Ohio Department of Aging has adopted the following sliding fee scale to be used for specific Title III contract services. The caregiver Support Program Respite services are included in the cost sharing regulation. The sliding fee scale is based upon the Department of Health and Human services poverty guideline. Funds received from the donation of the cost sharing percentage of the total service cost will be used to provide additional services to other needy seniors. US Department of Human Services defined Poverty Level FY 2022.

The Client Cost Sharing Percentage is determined by the Yearly/Monthly income of the “Care Recipient” (The older adult receiving the actual service), NOT the family “Caregiver” income, or the total family income.

Services will not be stopped based on the failure of the care recipient to donate the agreed upon percentage of cost sharing.

COST SHARE SLIDING FEE				
MONTHLY INCOME			COST %	GROSS INCOME (Care Recipient)
\$0.00	TO	\$1,698.99	0%	
\$1,699.00	TO	\$1,981.99	10%	
\$1,982.00	TO	\$2,264.99	20%	
\$2,265.00	TO	\$2,547.99	30%	
\$2,548.00	TO	\$2,830.99	40%	
\$2,831.00	TO	\$3,397.99	50%	
\$3,398.00	TO	\$3,680.99	60%	
\$3,681.00	TO	\$3,963.99	70%	
\$3,964.00	TO	\$4,246.99	80%	
\$4,247.00	TO	\$4,529.99	90%	
\$4,530.00		PLUS	100%	

CARE RECIPIENT

PRINT NAME: _____

SIGN : _____ **DATE :** _____

CARE GIVER

PRINT NAME: _____

SIGN : _____ DATE : _____

CARE COORDINATOR/PROVIDER SIGNATURE

PRINT NAME: _____

SIGN : _____ DATE : _____