



CATHOLIC CHARITIES

Diocese of Wilmington

Please make sure you fill out all of the forms completely, and send in all required documentation.

Submitting applications that are missing information or are not filled out completely will cause a significant delay in processing.

If you have any questions about this packet please call your nearest location or send an email to [Basicneeds@ccwilm.org](mailto:Basicneeds@ccwilm.org)  
[Setoncenter@ccwilm.org](mailto:Setoncenter@ccwilm.org) (Eastern Shore, MD Applicants)

New Castle County – (302) 655-9624

Kent County – (302) 674-1600

Sussex County – (302) 856-6310

MD Lower Eastern Shore – (410) 651-9608



## Catholic Charities Basic Needs Intake Form

First Name:		MI:	Last Name:		Date:
Street Address:		Apt #	City:	State:	Zip:
Phone #:	Email:		Total Household Members:		Total bedrooms in Home:

**PLEASE COMPLETE BELOW SECTION FOR ALL HOUSEHOLD MEMBERS**

Household Member Name	Relationship	Date of Birth	Social Security Number	M/F	Race*	Hispanic Y/N	Veteran Y/N	Disability Y/N	Citizen Y/N
	SELF								

\*Race [For each household member]: White, Black/African American, Asian, American Indian/Alaskan, Native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native & White, American Indian/Alaskan Native & Black/African American, Multi-Racial

Household Member Name	Income Source**	Gross Amount Earned	Frequency/How Often?

\*\* Income Source [For each household member]: Employment, Unemployment Compensation, TANF, Pension, SSA, SSDI, Family Support, Veteran's Admin, No Income, Other



## Catholic Charities Basic Needs Intake Form, pg. 2

**1. I am currently:**

- Homeowner
- Renter
- Homeless (staying in shelter, hotel, living with others)

Landlord Contact #: \_\_\_\_\_ Landlord Email: \_\_\_\_\_

**2. Are you currently living in public housing, receive Section 8, or any other rental assistance?**

- Yes (Please provide most recent income certification)
- No

**3. Type of Assistance Needed:**

- Rent (Past Due/Late Rent/5Day or Eviction Notice required)
- Mortgage (Current Monthly Statement required)
- Utility (Current Bill/Shut off Notice required)
- Security Deposit (Approval/Welcome/ Move-in letter for new residence required)
- Case Management
- Other: \_\_\_\_\_

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(Briefly describe what other resources have been used)

**4. Have you applied to/or currently receiving assistance with this need from any other organization/agency/program?**

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(Briefly describe what other resources have been used)

**Please Note: Your application will be reviewed prior to program appointment. Meeting the minimum requirements and completing this application does not guarantee assistance.**



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**Required Documents for Application Submission**

- Photo Identification for all household members ages 18 and older**
  
- Social Security Cards for all household members**
  
- Proof of Income for the last 60 days (all that apply):**
  - Fixed Income:
    - Social Security Award Letter from current year
    - Veterans Assistance Award Letter
    - Proof of Pension
  - Employment Income:
    - Paystubs for the last 60 days
    - Tax Records for self-employed (Form 1040, 1099, or earnings statement)
  - Other Sources
    - Unemployment Compensation Determination w/ complete payment history
    - Child Support (12-month printout needed)
  
- Proof of Social Service Benefits (all that apply):**
  - TANF
  - General Assistance
  - Food Stamp/SNAP Benefit Award Letter
  
- Current Utility Bill (any of the following):**
  - Gas
  - Electric
  - Water Bill
  
- Proof of Residency (all that apply):**
  - Full Lease agreement w/ Signature pages
    - Welcome/Approval letter (Security Deposit requests)
    - Past Due/Late Rent/5Day or Eviction Notice required (Rental Assistance requests)
  - Current Mortgage Statement or Deed
  
- Documentation of Financial Hardship (e.g., loss of income, medical bills, unexpected expenses, or other circumstances impacting financial stability).**



# CATHOLIC CHARITIES, INC.

## POLICY AND PROCEDURE ON CLIENT GRIEVANCES

The purpose of a grievance procedure is to maintain harmony and understanding between clients and agency personnel.

If clients have a complaint regarding decisions made concerning them or services provided that cannot be settled between themselves and the person responsible for their services, they should be informed the following grievance procedure is available:

1. Clients may speak with the immediate supervisor.
2. If the differences cannot be resolved at this level, the clients may file a written appeal with the next level of supervision within ten (10) working days of the discussion with the immediate supervisor. A written response from the next level of supervision is required within ten (10) working days of receiving the written appeal.
3. The same process is followed up through the agency's chain of command, if no resolution is found at a lower level.
4. The next and final step of appeal is the Executive Director. The Executive director will respond within ten (10) working days.
5. Copies of all correspondences and decisions made concerning a grievance are placed in the client's file.

All complaints should be handled as soon as possible.

Any client grievances filed during the fiscal year will be noted on the Annual Risk Management Report provided to the Board of Directors.

The Board will review any patterns of grievances it discerns and any specific problems or unresolved issues it deems necessary.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Catholic Charities Termination of Services Policy

- Cases are closed based upon the client’s action plan, client choice or failure to comply with case management.
- A discharge note should be placed in AWARDS and in the client’s file.
- All client records are to be maintained for seven (5) years, unless otherwise noted per contractual requirements.
- Ensure client has a clear understanding of all available resources in their community.
- The action plan is a plan of stabilization that outlines all steps the client’s should take to be self-sufficient.
- Support Services issue a follow-up call to clients after their cases have been closed for 30, 90, 180 and 365 days.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Notice of Privacy Practice Consent Form

I understand that, as a condition to my receiving treatment and or services from Catholic Charities, Inc., Catholic Charities, Inc. may use or disclose my personally identified health information for treatment and or services, to obtain payment for the treatment / services provided, and as necessary for the operations of Catholic Charities, Inc. These uses and disclosures are more fully explained in the Privacy Notice that has been provided to me and which I have had the opportunity to review.

I understand that the privacy practices described in the Privacy Notice may change over time, and I have a right to obtain any revised Privacy Notice by contacting Catholic Charities, Inc.

I also understand that I have the right to request Catholic Charities, Inc. to restrict how my health information is used or disclosed. Catholic Charities, Inc. does not have to agree to my request for the restrictions, but if Catholic Charities, Inc. does agree, Catholic Charities, Inc. is bound to abide by restriction as agreed.

*Finally, I understand that I have the right to revoke / withdraw this consent at any time in writing. My revocation / withdraw will be effective except to the extent that Catholic Charities, Inc. has taken action in reliance on my consent for use or disclosure of my health information. Provision of future treatment may be withdrawn if I withdraw my consent.*

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Notification of Confidentiality of Basic Needs Client Records

Catholic Charities, Inc. will gather, store and maintain the confidentiality of Basic Needs client records for \_\_\_\_\_ in accordance with the requirements of 24 CFR 576.500(x)(1). All client files with personal information will be secured in a locked file at all times. Catholic Charities, Inc. will ensure that all client records be maintained pursuant to 24 CFR 576.500 (b)(w) and shall be handled in a secure manner to protect the client's information.

All client records containing personally identifying information, as defined by HUD's standards for participation, data collection and reporting in CMIS of any individual currently or previously residing at DIMH will be kept secure, confidential and consistent with federal and state laws regarding privacy and obligations of confidentiality. Client information can only be released to other persons / agencies with written informed consent of the client.

All client records pertaining to each fiscal year will be maintained in a secure area for a minimum of five (5) years. After five (5) years, the client files will be destroyed as specified in 24 CFR 576.500 (y).

Clients should be aware that they have the right to make a complaint if they feel that their confidentiality has been breached unnecessarily or maliciously. Any staff person who fails to maintain confidentiality relating to client information will be disciplined as deemed appropriate.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Release of Information

### Delaware Community Management Information System Release of Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Agency Name: CATHOLIC CHARITIES

#### Background Information:

The Delaware Community Management Information System (DE-CMIS) is a computer system that is used to collect and share information on homelessness persons in Delaware. The information gathered by DE-CMIS helps agencies plan and deliver services that help people who are homeless or at-risk for homelessness. By sharing information with each other, DE-CMIS agencies are able to streamline service delivery by tracking services and referrals provided to the person they serve. The agency named above participates in DE-CMIS.

#### Consent Information:

- This agency will never give information about a person to anyone outside of this system without the person's written consent or as required by law through a court order.
- In accordance with federal and state law medical information such as mental health conditions, HIV status and substance abuse treatment will not be shared.

Only agency staff members who have signed the USER POLICY, CODE OF ETHICS AND RESPONSIBILITY STATEMENT will be allowed to log in to the DE-CMIS system.

- I have a right to see my DE-CMIS record, ask for changes and to have a copy of my record from this agency upon written request. I have the right to refuse my information from being shared by checking "refuse to share information" at the bottom of this form.
- I have the right to withdraw my consent by informing the agency in writing. I understand that withdrawing my consent will not change information that has already been given out or actions already taken.

With this written consent, the agencies that are part of DE-CMIS may share and update basic and service information about me and other members of my household, such as:



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**BASIC INFORMATION (Check all that apply):**

- NAME
- RACE
- DISABILITY STATUS
- PROBATION STATUS
- SOCIAL SECURITY NUMBER
- ETHNICITY
- VETERAN STATUS
- FOSTER CARE HISTORY
- DATE OF BIRTH
- ZIP CODE
- INCARCERATION HISTORY
- INCOME
- GENDER
- TYPE OF LIVING SITUATION
- EMPLOYMENT STATUS

Delaware Community Management Information System Release of Information

I, \_\_\_\_\_  
(Print your name)

- Understand that I am allowing the agency named at the top of this form to input information about me and my family into DE-CMIS
- Understand that his information will be kept secure and the use of this information is restricted to personnel for whom this information is absolutely essential.

**(Please check one of the options below)**

- Authorize the agency named at the top of this form as DE-CMIS Member Agency, to share my basic identifying information with other DE-CMIS Member Agencies.
- Refuse to give permission at this time to have my information shared with any other DE-SMIS Participating agency.

This consent will end two years from the date it is signed.

\_\_\_\_\_  
Client Signature and Date

\_\_\_\_\_  
Agency Witness Signature and Date



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**CATHOLIC CHARITIES, Inc.**

I, \_\_\_\_\_  
(Name of Client)

authorize \_\_\_\_\_  
(Name of General Designation of Program Making Disclosure)

to disclose to \_\_\_\_\_  
(Name of Person or Organization to which disclosure is to be made)

the following information: \_\_\_\_\_  
(Nature of Information, as limited as possible)

\_\_\_\_\_

The purpose of the disclosure authorized herein is to: \_\_\_\_\_  
(Purpose of Disclosure, as specific as possible)

\_\_\_\_\_

**I understand that my records are protected under the Federal Regulations governing confidentiality in accordance with The Health Insurance Portability and Accountability Act of 1996, 45CFR, 160 & 164 and for Alcohol and Drug Abuse Patient Records 42 CFR Part 2 and cannot be disclosed without my consent unless otherwise provided for in the regulations. Further, I understand that the recipient of the information may re-disclose the information and it may no longer be protected by the HIPAA privacy law. I also understand that I may revoke this consent at any time in writing except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as follows:**

\_\_\_\_\_

**(Specification of the date, event, or condition upon which this consent expires)**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Client Signature: \_\_\_\_\_

Effective Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Effective Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Effective Date \_\_\_\_\_



## What to Know Before & After You Apply

The Basic Needs program offers one-time emergency assistance to help households stay housed during a short-term financial crisis. Assistance is meant to be a temporary bridge, not ongoing support.

### Who We Serve

- Individuals and families experiencing a short-term financial hardship.
- Households at risk of eviction/utility shut off.
- Households with income now, or income expected soon.
- Households seeking one-time assistance to stabilize their housing.
- Households with a clear path to move forward after assistance and sustain housing.

### Important Things to Know

- Applications must be complete with all required documents to be reviewed.
- Submitting an application does not guarantee assistance will be provided.
- Assistance is one-time and based on available funding.
- Payments are made directly to landlords or utility companies.
- Processing times vary depending on volume of applications received.
- Case management may be offered before financial assistance can be provided to help support housing stability.

### Intake Appointment: What to Expect

- You will meet with a staff member to talk through your housing situation.
- Any missing forms or documents may be completed.
- Additional questions may be asked to better understand your need.
- Support services or referrals may be discussed, if helpful.
- Intake appointments do not guarantee assistance.

### After You Apply: What to Expect

- Applications are reviewed once complete, in the order received.
- Staff will contact you if additional information is needed.
- Calling multiple times will not speed up processing.
- Please keep your phone, voicemail, and email available. Check messages regularly for updates.