



Section 1: REFERRING AGENCY INFORMATION	
1. Agency Name	2. Program Name (if applicable)
3. Case Worker Name	4. Phone
5. Case Worker Email	

Section 2: APPLICANT/HEAD OF HOUSEHOLD INFORMATION (Must be over the age of 18)		
6. First Name	7. Last Name	
8. Address	9. City	10. Zip Code
11. Type of Housing: <input type="checkbox"/> Private Rental <input type="checkbox"/> Transitional <input type="checkbox"/> Rental Subsidy <input type="checkbox"/> Public Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____		
12. Phone Number	13. Alternative Number	14. Email

Section 3: LANGUAGE ACCESS			
15. Is the Applicant's primary spoken language English?	<input type="checkbox"/> Yes – go to #21 <input type="checkbox"/> No – go to #16	18. Is Applicant able to read English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. What is the Applicant's primary language spoken?		19. Is Applicant able to speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the Applicant want an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Is Applicant able to understand English?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4: DEMOGRAPHIC INFORMATION	
21. Has the household's income been impacted by the COVID-19 pandemic such as being furloughed, laid off, or taking time off from work to quarantine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the household currently enrolled in a Housing First program? If yes, name of Housing First program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Did anyone in the household serve in the Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is anyone in the household a survivor of domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Does the household receive TANF? (Welfare for families with children)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Check the following benefits the household receives: <input type="checkbox"/> None/Not Applicable	
<input type="checkbox"/> SNAP (food stamps/EBT)	<input type="checkbox"/> Medicaid
<input type="checkbox"/> SSI	<input type="checkbox"/> Welfare (GA/AFDC)
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Earned Income Tax Credit
27. Is anyone in the household employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Does Applicant have access to transportation to transport items from the Clearinghouse? Note: Applicant will not be able to select bulky, furniture items without transportation being on property at start of appointment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Will the Applicant be accompanied to their appointment by their Case Worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Does the Applicant authorize another person (other than themselves) to schedule and attend the appointment in the Applicant's place if the Applicant is not available? If yes, provide First and Last Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No

HHH Staff Notes:



Section 5: HOUSEHOLD INFORMATION
Complete for ALL members of the household, starting with Applicant/Head of Household

First and Last Name	Gender	Date of Birth (MM/DD/YY)	Race	Hispanic	Ethnicity	Check YES if one of the following: -US Citizen; -Lawfully Admitted Non-Citizen (excluding COFA migrants)	Check YES if COFA Migrant	Disabled	Relationship to Applicant
1.			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICANT/ SELF
2.			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Section 6: HOUSEHOLD SITUATION ASSESSMENT

1. Check the following items the household hoping to receive from the Community Clearinghouse?

Clothing			
<input type="checkbox"/> Men's Clothing	<input type="checkbox"/> Women's Clothing	<input type="checkbox"/> Teen/Kid's Clothing	<input type="checkbox"/> Baby/Toddler Clothing
Furniture			
<input type="checkbox"/> King/Queen Mattress	<input type="checkbox"/> Dresser	<input type="checkbox"/> Sofa	<input type="checkbox"/> Dining Table
<input type="checkbox"/> Full/Twin Mattress	<input type="checkbox"/> Desk	<input type="checkbox"/> Coffee Table	<input type="checkbox"/> Chairs
<input type="checkbox"/> Night/side Tables	<input type="checkbox"/> Bookshelves	<input type="checkbox"/> Recliner	<input type="checkbox"/> Television
Appliances			
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Mini Refrigerator	<input type="checkbox"/> Washer	<input type="checkbox"/> Dryer
<input type="checkbox"/> Microwave	<input type="checkbox"/> Rice Cooker	<input type="checkbox"/> Slow Cooker	<input type="checkbox"/> Toaster/Toaster Oven
<input type="checkbox"/> Fan	<input type="checkbox"/> Blender	<input type="checkbox"/> Coffee Maker	<input type="checkbox"/> Stove
Kitchen Items			
<input type="checkbox"/> Pots/Pans	<input type="checkbox"/> Dishes	<input type="checkbox"/> Utensils	<input type="checkbox"/> Cups
<input type="checkbox"/> Dish Rack	<input type="checkbox"/> Pitchers	<input type="checkbox"/> Serving Utensils	<input type="checkbox"/> Kitchen Towels
Bathroom Items			
<input type="checkbox"/> Towels	<input type="checkbox"/> Shower Curtains	<input type="checkbox"/> Mats	<input type="checkbox"/> Plunger
Hygiene Items			
<input type="checkbox"/> Toilet Paper	<input type="checkbox"/> Baby Diapers Size:	<input type="checkbox"/> Shampoo	<input type="checkbox"/> Tooth Brush
<input type="checkbox"/> Adult Diapers	<input type="checkbox"/> Baby Wipes	<input type="checkbox"/> Body Wash/Soap Bar	<input type="checkbox"/> Tooth Paste
<input type="checkbox"/> Feminine Products	<input type="checkbox"/> Deodorant	<input type="checkbox"/> Razor	<input type="checkbox"/> Hair Brush
Other Items			
<input type="checkbox"/> School Supplies	<input type="checkbox"/> Food (Non-perishable)	<input type="checkbox"/>	<input type="checkbox"/>

2. Describe why the household is NOT able to purchase the above items on their own and why they need it. Include more details than "Low Income; Limited Income"

3. Does the Case Worker give approval to allow the Applicant to ask for items different than those listed above if all items requested are not available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 7: Household Monthly Income & Expenses			
Verification of income is required. If you are unsure about income verification, call 440-3800.			
Monthly Income	Amount	Monthly Expenses	Amount
Employment / Wages (Net or "Take Home" wages)		Rent/Mortgage	\$
1.	\$	Electricity	\$
2.	\$	Water/Sewer	\$
3.	\$	Gas	\$
4.	\$	Cell Phone	\$
5.	\$	Cable	\$
DHS Cash (Welfare)	\$	Food**	\$
SNAP (Food Stamps)	\$	Clothing	\$
Social Security	\$	Car Payment*	\$
Rental Subsidy (Section 8, Rent to Work, Shelter Plus Care, etc)	\$	Car Insurance*	\$
SSI/SSDI	\$	Gas (Automobile)*	\$
Child Support	\$	Bus Fare/Bus Pass* (including Handi-Van and other transportation services)	\$
Unemployment	\$	Car Maintenance	\$
Veteran's Benefit	\$	Medical Bills	\$
Other Agencies/Grants	\$	Toiletries**	\$
TDI	\$	Credit Card(s)	\$
Pension/Retirement	\$	Loan(s)	\$
Childcare Subsidy	\$	Misc. Debt	\$
	\$		\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$
TOTAL INCOME (\$) minus TOTAL EXPENSES (\$) = BOTTOM LINE (\$)			
If there is no income, please explain how the household is obtaining necessities (food, toiletries, transportation)?			
For CCH Staff: Monthly Gross:		**Must have an amount *Must have an amount for transportation	



Section 8: SIGNED ACKNOWLEDGEMENT	
Statements of Understanding	Applicant Initials
I understand that income verification must be submitted with the initial application, or when there are any changes in the household's income.	
I understand that all items are used items and received in "as-is" condition. Items received from the Community Clearinghouse may not be exchanged later for any reason.	
I understand that the Community Clearinghouse <u>does not deliver</u> items. It is the Applicant's responsibility to arrange transportation to be available on the date and time of the appointment. If transportation is not present at time of appointment, Applicant may not receive bulky items.	
I understand that the Applicant <u>MUST MAKE AN APPOINTMENT</u> to receive items from the Community Clearinghouse.	
I understand that <u>NOT ALL ITEMS</u> I am requesting may be available from the Community Clearinghouse at the time of my appointment.	
I understand that appointments to the Community Clearinghouse are limited to a thirty (30) minute time slot <u>ONCE A MONTH</u> . An application, either an initial or repeat, must be received, and approved before being able to schedule an appointment.	
I understand that there is a 10-minute grace period for the appointment. Appointment will be cancelled if arrive after the grace period. Applicants will be allowed up to 2 reschedules in the event they are not able to make it to their appointment. Applications will be cancelled if applicant does 2 no call no show in a row.	
I understand that the Applicant <u>must present Picture I.D.</u> to verify their identity at the time of their appointment. Picture I.D. is <u>required</u> to ensure that we are giving the correct items to the person who requested them.	
I understand that due to the COVID-19 pandemic, that I must <u>wear a mask at my appointment</u> . My temperature will be taken, and I must complete a Wellness Screening upon arrival.	
I understand that the Applicant <u>must pick up and take home all items at the time of their appointment</u> and that the Applicant must take items all in one trip; multiple trips are not allowed.	
I understand that <u>ONLY ONE PERSON</u> (which is the Applicant unless otherwise authorized on this application) is allowed to "shop" for items during the appointment.	
I understand that <u>NO CHILDREN</u> are allowed inside the warehouse and in the parking lot due to safety reasons. If I bring children to my appointment, they will be supervised by another accompanied adult in the vehicle I came in.	
I understand that it is the Applicant's responsibility to <u>bring ropes, bungee cords, bags, etc.</u> to tie down any items to their vehicle or to bring someone to assist in loading / unloading items from the vehicle.	
I understand that Community Clearinghouse staff cannot assist Applicant with loading/unloading of vehicle due to liability reasons.	
I understand that the Community Clearinghouse reserves the right to refuse services to any Applicant or guest should Applicant and guest not obey policy and procedures as enforced by Community Clearinghouse staff.	
By signing below, I certify that I have read and understood all statements listed above. Failure to comply with the statements initialed above will affect your ability to apply for assistance with Helping Hands Hawaii in the future and may affect the referring agency's ability to refer. The Applicant must be referred by a registered agency. It is the Case Worker's responsibility to verify and assess the need of the Applicant/Household.	
Applicant Name (Print):	
Applicant Signature:	Date:
Case Worker Name (Print):	
Case Worker Signature:	Date: