CARES NC Application

www.actionpathways.ngo
Cumberland County Office (910)223-0116
321 Dick St., Fay NC 28301

Sampson County Office (910) 592-4200 ext.4113
360 County Complex Rd., #117 Clinton, NC 28328

Action Pathways, Inc. (AP, Inc.) CARES NC Program is designed to assist individuals and families whose economic circumstances have been adversely impacted and who have immediate needs because of the COVID 19 pandemic.

Services Provided for families at or below 200% of the Federal Poverty Guidelines:

- Housing Support
- Education Support
- Financial Literacy
- Health Services
- Emergency Services

Program Requirements:

- Must be Cumberland/Sampson County resident (at least 90 days)
- Must provide proof of identification of **ALL** household members over the age of 18
- Income must be at or below 200% Federal Poverty Guidelines for household size
- Income includes: Wages for 90 days, Federal subsidies (TANF, SNAP-Food Stamps, Housing supplement, Section- 8 Vouchers), Unemployment Benefits, Supplemental & Social Security, Child Support, Alimony, Monetary Contributions, etc…
- Income must be provided for all household members related by birth, marriage, and/or adoption within a (single dwelling) household
- Must have been impacted by COVID 19

ACTION Pathways
Engaging communities. Empowering individuals.

Action Pathways, Inc. is a non-profit community organization.

How Do I Enroll?

All interested applicants must fill out an application online at actionpathways.ngo to be considered for the program.

2020-2022 POVERTY GUIDELINES	
Persons in family/household	Poverty Guidelines
1	$25,520
2	$34,480
3	$43,440
4	$52,400
5	$61,360
6	$70,320
7	$79,280
8	$88,240
For families/households with more than 8 persons, add $8,960 for each additional person.	

REV-08/20

Cumberland County Office (910)223-0116
321 Dick St., Fay NC 28301

Sampson County Office (910) 592-4200 ext.4113
360 County Complex Rd., #117 Clinton, NC 28328

(Detach application)

☐ **CARES NC**

CARES NC
Program Application

Legal Name:	
Address:	Apt./Unit #:
City	State: NC Zip Code:
Mailing Address: (If different)	
Home Phone Number:	Cell Phone:
Birth Date : Age:	Gender: ☐ Male ☐ Female
Ethnicity: ☐ Hispanic ☐ Non-Hispanic	
Race: ☐ Black/African American ☐ White ☐ Native American ☐ Other: _____	
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow/er	
Education Level: ☐ 0-8 ☐ 9-12 ☐ HS Diploma ☐ GED ☐ Some College ☐ College/Tech Degree	
Email Address:	

How were you impacted by COVID-19?

Who referred you to us?_____

FAMILY INFORMATION

Family Member Name	Relationship to applicant	Date of Birth	Age	Race	Gender	Ethnicity	Education

Total Number in Family (include applicant, infants, children and adults): _____

Income Source (check all applicable)

☐ Employment ☐ Pension/Retirement ☐ Union Benefits
☐ Unemployment ☐ Work Study ☐ General Assistance (Monetary Contributions)
☐ Alimony/Child support ☐ Work First Benefits/TANF ☐ Rental Income
☐ Social Security /SSI ☐ Worker's Compensation ☐ Other _____ _____

Have you previously received assistance from us or participated in any other Action Pathways Programs? ☐ Yes ☐ No If yes, please list the programs, include dates _____

I certify that all information provided herein is true to the best of my knowledge. I am aware that this information is subject to review and verification and that I will have to provide documentation to support it. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance.

I am aware that I may be denied assistance if I am found ineligible. I understand that I have the right to appeal any denial of service or assistance for which I may be eligible.

I allow release of information contained herein for the purpose of verification of my situation.

_____ _____

Applicant's Signature Date