



Engaging communities. Empowering individuals.

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CARES NC Application

www.actionpathways.ngo

Cumberland County Office

(910) 223-0116

321 Dick St., Fayetteville, NC 28301

Sampson County Office

(910) 592-4200, ext.4113

360 County Complex Rd., #117

Clinton, NC 28328

Action Pathways, Inc. (API) 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



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Listed below are the HHS poverty income guidelines as published in the Federal Register. These guidelines are to be used in determining income eligibility for the CARES NC and Relief NC funding for services through December 3, 2021:

2021-22 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household

Poverty guideline

For families/households with more than 8 persons, add \$8,960 for each additional person.

1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240



(Detach application)

COVID-19

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

Sampson County Office

Self Sufficiency 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:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic							
Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____							
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widower							
Education Level: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College/Tech Degree							
Email Address:							
Current Needs: <input type="checkbox"/> Stabilization Service Only. <input type="checkbox"/> Self-Sufficiency Program – (Comprehensive Case Mgt., Education Assist., Job Readiness, Food & Nutrition, Obtain Affordable Housing etc.) <input type="checkbox"/> 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)							
<input type="checkbox"/> Employment		<input type="checkbox"/> Pension/Retirement		<input type="checkbox"/> Union Benefits			
<input type="checkbox"/> Unemployment		<input type="checkbox"/> Work Study		<input type="checkbox"/> General Assistance (Monetary Contributions)			
<input type="checkbox"/> Alimony/Child support		<input type="checkbox"/> Work First Benefits/TANF		<input type="checkbox"/> Rental Income			
<input type="checkbox"/> Social Security /SSI		<input type="checkbox"/> Worker's Compensation		<input type="checkbox"/> Other			
Have you previously received assistance from us or participated in any other Action Pathways Programs? <input type="checkbox"/> Yes <input type="checkbox"/> 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