

TEMPORARY HOMELESS ASSISTANCE PROGRAM (THAP)+14 APPLICATION

SECTION A (To be completed by Eligibility Worker)

CASE NAME:	CASE NUMBER:	EW FILE NO.:	DATE OF APPLICATION:
CURRENT ADDRESS:	CITY/STATE/ZIP CODE:		PHONE NUMBER:

SECTION B (To be completed by applicant/participant)

Please answer all of the below questions

- | | |
|--|--|
| 1. Are you currently residing in Los Angeles County? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Are you currently receiving CalWORKs? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Are you time limited? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Are you employed (circle one) full-time/part-time? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Are you currently in GAIN/PTL/Cal-Learn? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Are you currently exempt from GAIN? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Are you currently homeless? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Have you ever received Temporary Homeless Assistance? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 9. Have you received THAP+14 benefits for your current episode of homelessness? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Do you have more than \$100 in liquid resources?
List all liquid resources you own (include cash, checks, savings or checking accounts) _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

CERTIFICATION:

I understand that to evaluate my application for the THAP+14, I must provide all requested documents to my Eligibility Worker (EW) and remain in compliance with all program requirements. I further understand that if I am approved for the THAP+14, I must provide documentation verifying my expenses by the date specified by my EW or I may be subject to a denial of service. Additionally, I understand that all documentation provided by me to my EW will be verified by DPSS.

Applicant Signature: _____ **Date:** _____

SECTION C (To be completed by EW)

COUNTY USE ONLY

ELIGIBILITY DETERMINATION

To be eligible, the answer(s) to:

- Questions (1,2,5, and 7) must be "YES".
- Questions (6, 9, and 10) must be "NO".

Family is ELIGIBLE for THAP+14.	Family is NOT ELIGIBLE for THAP +14.
--	---