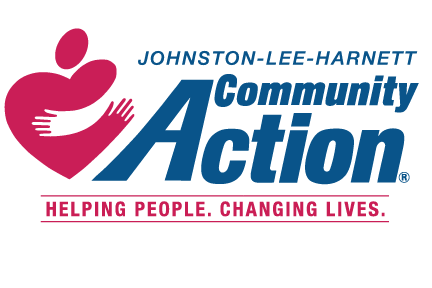
 CARES NC CSBG TELL US ABOUT YOURSELF 

(Covid-19 Pandemic)

**\*\*YOU WILL NEED THE FOLLOWING INFORMATION TO COMPLETE YOUR INTAKE WITH A CARES INTAKE COUNSELOR: YOUR OFFICIAL PICTURE ID, SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS, PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS, THE BILL YOU ARE SEEKING ASSISTANCE WITH, AND DOCUMENTATION OF YOUR COVID-19 PANDEMIC RELATED CRISIS SITUATION. \*\***

**\*\*\*\*\*\*\*YOU MUST LIVE IN JOHNSTON LEE OR HARNETT COUNTY AND MEET THE ELIGIBILITY GUIDELINES TO RECEIVE SERVICES IN THE CARES PROGRAM (COVID-19) \*\*\*\*\***

Name ­­­­­­­­­­­­­­­­­­­­­­­­ Telephone/Cell# ­­­­­­­­­­­­­­­­­­ ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Address Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome to Johnston-Lee-Harnett Community Action. Please take a few minutes and complete this survey so that we may better understand your situation **AS IT RELATES TO THE COVID-19 PANDEMIC.**

1. **Was your situation caused by *the COVID-19 Pandemic? Yes\_\_\_\_\_ No\_\_\_\_, if yes, please explain***

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1. ***What type of assistance are requesting?*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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1. ***What can we do to help you resolve your situation?***

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By signing this form, I attest that the information I entered on this form is true and that my crisis situation was caused by the COVID-19 Pandemic.

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

**DO NOT WRITE BELOW THIS LINE**

***Office Use Only:***

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***CARES Intake Counselors’ Signature Date Time***

***Assistance Granted Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_***