

**Johnston-Lee-Harnett Community Action, Inc.
Community Services Block Grant STARS Program**

**NOTICE
INFORMATION NEEDED TO COMPLETE YOUR
STARS EMERGENCY ASSISTANCE APPLICATION**

Client's name: _____ Counselor's Name: _____

County: _____

Before we can complete your application for Emergency Assistance, additional information is needed. At your interview, you agreed to provide the pieces of information checked below. We need this information by _____ or the application will be invalid. Even though you complete an application It is important to note that assistance is not guaranteed

PLEASE PROVIDE THE FOLLOWING INFORMATION AS SOON AS POSSIBLE:

- Picture Identification for:** _____
- Social Security Card for:** _____
(Everyone in the household)
- Proof of Income:** _____
(Everyone in the household (letter from employer, check stub, etc.))
- Copy of Original Bill:** _____
(The bill must be in the clients name or another adult living in the household)
- Other:** _____

I certify that the applicant has been informed of the items needed to complete his/her application.

Signature of STARS Counselor

Date

Telephone Number

I certify that I was told by a STARS Counselor that I need to bring all of the documents listed above to apply for services through the CSBG STARS Program at JLHCA, Inc... I have also been informed that completing an application does not mean that I have been approved for services. I was told and understand that my application for emergency assistance would be denied if I did not bring the items listed above

Signature of Client(s)

Date

APPLICATION STATUS:

- Pending:** _____
- Accepted:** _____
- Complete:** _____
- Denied:** _____
- Incomplete:** _____