

COMMUNITY ACTION WAYNE/MEDINA

SUMMER CRISIS PROGRAM

Help is available for eligible household trying to cope with the summer heat. The Summer Crisis Program can assist with a one-time benefit:

- Up to \$300 for regulated utilities
- Up to \$500 for non-regulated utilities
- Eligible household may also receive a fan and/or air conditioner if the household has not received one in 2014, 2015 or 2016

ELIGIBILITY REQUIREMENTS:

To be eligible for assistance, household must have income at or below 175% of the federal poverty guidelines, applicants must also:

- ⇒ **Have a member in the household who is 60 years of age or older; or**
- ⇒ **Have a member with a documented medical condition verified by a licensed physician or registered nurse practitioner**

2017-2018 INCOME GUIDELINES

Size of Household*	FOR PIPP PLUS (150%)		FOR SUMMER CRISIS (175%)	
	3 MONTHS	12 MONTHS	3 MONTHS	12 MONTHS
1	\$4,522.50	\$18,090	\$5,276.25	\$21,105
2	\$6,090.00	\$24,360	\$7,105.00	\$28,420
3	\$7,657.50	\$30,630	\$8,933.75	\$35,735
4	\$9,225.00	\$36,900	\$10,762.50	\$43,050
5	\$10,792.50	\$43,170	\$12,591.25	\$50,365
6	\$12,360.00	\$49,440	\$14,420.00	\$57,680

JULY 1 ST THRU AUGUST 31ST



COMMUNITY ACTION WAYNE/MEDINA

www.cawm.org

905 Pittsburgh Ave.
Wooster, OH 44691
330-264-8677

799 N. Court St.
Medina, OH 44256
330-723-2229

NEW

110 S. Main St.
Rittman, OH 44270
330-927-1871

WOOSTER & MEDINA OFFICE

APPOINTMENTS: Monday, Thursday and Friday

WALK-IN HOURS: Tuesday and Wednesday

8:15am to 2:30pm

RITTMAN OFFICE: Thursday's only

Appointments and Walk ins 8:30am to 3:00pm

One **FRIDAY** a month appts and walk ins will be available in: **ORRVILLE, LODI AND WADSWORTH**

NEW

APPOINTMENTS ARE MADE BY CALLING :

1-844-493-1196

DOCUMENTATION NEEDED:

- PHOTO ID FOR PRIMARY APPLICANT
- PROOF OF CITIZENSHIP **ALL** MEMBERS OF THE HOUSEHOLD (BIRTH CERTIFICATES, VOTER REGISTRATION CARDS, SOCIAL SECURITY CARDS)
- SOCIAL SECURITY CARDS FOR **ALL** MEMBERS OF THE HOUSEHOLD
- CURRENT YEAR PROOF OF DISABILITY IF DISABLED
- CURRENT GAS AND/OR ELECTRIC BILL
- LANDLORD'S NAME, ADDRESS AND/OR PHONE NUMBER (A LEASE IS REQUIRED FOR ALL NEW SERVICES)
- PROOF OF INCOME FOR THE PAST 90 DAYS FROM **ALL** SOURCES FOR **ALL** MEMBERS OF THE HOUSEHOLD THAT ARE 18 YEARS OF AGE AND OLDER

(13 WEEKLY PAYSTUBS/ 7 BIWEEKLY PAYSTUBS, CHILD SUPPORT, SOCIAL SECURITY BENEFITS, RETIREMENT, UNEMPLOYMENT COMPENSATION, CASH ASSISTANCE FROM JFS, VETERANS PENSION/ DISABILITY, UTILITY ALLOWANCE, SELF-EMPLOYMENT-PREVIOUS YEAR TAX RETURN WITH ALL SCHEDULES AND 90 DAY INCOME RECORDS/STATEMENTS)

- IF ANYBODY HAS BEEN HELPING YOUR HOUSEHOLD WITHIN THE PAST 90 DAYS, YOU **MUST** BRING A LETTER SIGNED, DATED BY THOSE INDIVIDUALS, STATING WHAT THEY HAVE DONE, HOW MUCH WITH THEIR ADDRESS/ PHONE NUMBER. ALSO, **REQUIRED PROOF OF RECEIPTS AND/OR CANCELLED CHECKS**)
- **ALL ADULT HOUSEHOLD MEMBERS CLAIMING ZERO INCOME MUST BE PRESENT AND COMPLETE A SELF-DECLARATION FORM.**