

ATTACHMENT A
ELIGIBILITY CRITERIA FOR COVID-19 SUPPORTIVE SERVICE PROJECT
APPLICANT STATEMENT
APPLICANT STATEMENT FOR COVID-19 SUPPORTIVE SERVICE PROJECT

Applicant Name: _____

Date of Request: _____

Total Gross Family Income for the 6 months prior to the date of this request: \$ _____

Number in Family*: _____

*Family is defined as two or more persons related by blood, marriage, or decree of court, who are living in a single residence (spouses and dependent children).

The following apply to me (check all that apply):

- I was laid off due to the COVID-19
- I experienced a reduction in work hours and/or pay due to COVID-19
- I am unable to work because I am subject to quarantine
- I am a caregiver for someone who is subject to quarantine
- I need to care for children because of school and/or childcare provider closure
- I am at a high risk of becoming seriously ill from COVID-19 or live with someone at high risk, as outlined by the California Department of Public Health
- I am required to telework, but I do not have the necessary equipment or services to do so

Before COVID-19, I normally worked _____ hours per week at a rate of pay of \$_____/hour

Currently, I am receiving \$_____/per week from my employer and \$_____/week from Unemployment Insurance

I hereby certify under penalty of perjury that the information on this form is true and complete to the best of my knowledge.

Applicant Signature

Date

DETERMINATION OF TIER OF SERVICE

Applicant Name: _____

Date of Request: _____

Before COVID-19 restrictions were implemented, the applicant was earning a weekly income of:

\$ _____

Currently, the applicant is receiving weekly income from wages paid by the employer and/or Unemployment Insurance payments of:

\$ _____

This applicant is currently receiving:

- At least 50% of previous wages from either his/her employer directly or through UI payments – **Tier 1 Eligible (up to \$400)**

- Less than 50% of previous wages from either his/her employer directly or through UI payments – **Tier 2 Eligible (up to \$800)**

Staff Name/Signature

Date