



HEALTHY GENERATIONS AREA AGENCY ON AGING EMERGENCY SERVICES INFORMATION Client Application Process

HGAAA may help with a one-time per 12-month payment of up to \$200 if you have a cutoff notice for electricity, phone, or water; have an immediate need for medication, or are faced with some other emergency situation. (Will consider requests for rent, mortgage, security deposit.) Answer the following questions to see if you may qualify:

1. Are you 60 or over?

Yes - proceed

No - sorry we can't help, but you can call 211, Salvation Army or your local DSS to see if they may be of assistance.

2. Do you have a cutoff notice or have one of the other covered situations listed above?

Yes - proceed

No - sorry we can't help, but you can call 211, Salvation Army or your local DSS to see if they may be of assistance.

3. Have you been helped by us in the past 12 months from today's date.

No - proceed

Yes - sorry we can't help, but you can call 211, Salvation Army or your local DSS to see if they may be of assistance.

4. How much is your bill?

Over \$200 you **MUST** provide verification that you have all the necessary funds before HGAAA can make payment for an approved emergency situation. This **must** be a written pledge form or receipt. Please use the table below to determine if you have all other necessary funds.

Total Amount Due	\$
PLEDGE ORGANIZATION	PLEDGE OR PAID AMOUNT
HGAAA pledge = last \$200	-\$200
Total amount due after all assistance	\$0.00

5. Are you income qualified? This includes income from ALL household members and all sources of income. **If a person in your household age 18 or older and not in school states they have no income, the attached *Statement of No Income* must be completed and notarized.**

Total Persons in Family	Annual Income
1	\$27,180.00
2	\$36,620.00
3	\$46,060.00
4	\$55,500.00
5	\$64,940.00
6	\$74,380.00
7	\$83,820.00
8	\$93,260.00

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6. Have you spoken with your utility company about a payment arrangement?

If you meet all the above criteria, HGAAA can accept an application to determine if you qualify for assistance.

In order to process an application for Emergency Assistance you must provide the following information. You must bring **ALL** information into the office at 460 Lendall Lane, Fredericksburg, VA 22405. **No incomplete applications are accepted, and partial information cannot be held by HGAAA Staff.**

- Original or copy of up-to-date bill showing cutoff notice, prescription information, eviction notice or other documentation pertaining to the specific emergency for which assistance is requested.
- Identification (Driver's License or State ID). Must be legible.
- Income verification of all income from all household members (Social Security, disability payments, pensions, etc. are forms of income). Verification must be from the source of the income and must show gross income, i.e., Social Security Award letter, 1 month's pay stubs, etc. Bank statements are not acceptable as they do not show gross income. Notarized Statement of No Income forms must also be attached.
- Pledges of help from other community agencies/groups as necessary (must total full amount due minus HGAAA assistance).
- Completed Healthy Generations Area Agency on Aging Emergency Services Quick Form.

Please allow a minimum of 2 business days for processing. Please do not wait until the last minute to submit your application. You will be notified of your application status as quickly as possible.

**Emergency Services Program
Statement of No Income**

On this date, I, _____ (*Name of Household Member*),
certify that my income has been zero (\$0) since _____.

Certificate of Acknowledgment:

City/County of _____

Commonwealth of Virginia

The foregoing instrument was acknowledged before me this ___ day of ___, 20 ____ by

Name of person seeking acknowledgment

Notary Public's signature

Notary Seal

Notary registration number: _____

My commission expires: _____

Printed Name of Emergency Services Applicant

Signature of Emergency Services Applicant

(Date)



HEALTHY GENERATIONS AREA AGENCY ON AGING EMERGENCY SERVICES QUICK FORM

Today's Date ____/____/____

Client Name & Demographic Information

* Name: _____
(Last) (First) (Middle Initial)

* Address: _____
(Street)

(City) (State) (Zip)

* Phone: (____) _____ County or City of Residence: _____

Birthdate: ____/____/____
(Month) (Day) (Year)

Gender: ____Male ____Female

Race Status:

- | | | |
|---|---|---|
| <input type="checkbox"/> White or Caucasian Only | <input type="checkbox"/> Black / African American Only | <input type="checkbox"/> American Indian or Alaskan Native Only |
| <input type="checkbox"/> Asian Only | <input type="checkbox"/> Native Hawaiian or Pacific Islander Only | <input type="checkbox"/> Some Other Race Only |
| <input type="checkbox"/> Two or More Races Combined | <input type="checkbox"/> Race Unknown or Unreported | |

Hispanic Origin:

____ Hispanic or Latino Origin **OR** ____ Not Hispanic or Latino Origin **OR** ____ Hispanic Ethnicity Unknown

Physical Environment and Financial Resources

How many people are living in your household? _____

Household Member Name, Age and Monthly Income: _____

Total **monthly** income of all members in your household: \$ _____ (Documentation of all income must be attached to this application).

Assistance Requested

Type of assistance you are requesting:

Amount of assistance you are requesting (max.\$200): _____

For Office Use Only

Assistance Provided: _____ Date: _____

Amount: _____