

# Lorain County Community Action



Community Learning & Technology Center is pleased to announce

## Tech Connect

### Program Description

Tech Connect will feature computer 8 classes. The classes will include Microsoft Office programs, such as Word & Excel. Write your resume in word, and more. Clients who are income eligible will receive a refurbished computer including monitor, keyboard, mouse and tower upon meeting all requirements of Tech Connect. The total benefit amount is \$375.00. The client also received a certificate of completion for all 8 computer classes.

Upon completing the 8 session program each applicant that has been income qualified will receive a certificate and a refurbished computer of their very own. Each session will be 3 hours long with a 30 minute open lab after each class. Please be advised that you must be **employed, seeking employment or a fulltime student** to participate. For those seeking employment, the applicant will be required to complete the Ohio Means Jobs orientation class and one other class offered by Ohio Means Jobs.

125% of 2018 Federal Poverty Guidelines	
Persons in Family	Poverty Guideline
1	15,175
2	20,575
3	25,975
4	31,375
For families with more than 4 persons, add 5,400 for each additional person.	

### Application Process

Interested individuals can obtain an application online at [www.lccaa.net](http://www.lccaa.net) or by calling (440) 204-3151.

### Required forms include:

- The Tech Connect Application
- CSBG Intake form (attached)

### Required documentation to verify eligibility includes:

- Proof of income
- Pay stubs or appropriate documentation for total household income for the last 90 days for everyone in the household 18 years old or older.
- Copy of your driver's license or state identification card
- Copy of social security cards for everyone in the household

# Lorain County Community Action Agency

## Tech Connect Application 2018

(Note: Documentation to verify eligibility must be submitted with this application)

PLEASE PRINT CLEARLY	First Name of Applicant	Last Name of Applicant		
	Street Address			
	City, State and Zip Code			
	Daytime Phone Number	Cell Phone Number	Email Address	

List all household members and all household income for the last 90 days\*. Use an additional sheet of paper or the back of this form if necessary.

Household Member's Name	Relation-ship to You	Social Security Number	Date of Birth	Income Source(s)	Total Income for Last 90 Days
	Self				\$
					\$
					\$
					\$
					\$
					\$
					\$
Total Household Income					\$

\*Households may also submit for the last 90 Days.

<b>Employer Name or School Name</b>	
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By Signing below, the client indicates that information provided is accurate and complete.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Program applying for (check):  
 CLTC-Tech Connect     By Car     Other: \_\_\_\_\_

Client ID # \_\_\_\_\_

**Lorain County Community Action Agency CSBG INTAKE Form**

**SS#:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Message Phone #:** \_\_\_\_\_ **Whose Phone:** \_\_\_\_\_

<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ethnicity:</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race (any 2 or more above)
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**Agency Site:** \_\_\_\_\_

**Client E-mail:** \_\_\_\_\_

**Education:**  
 A. 0-8     B. 9-12 (Non-Grad)  
 C. HS Grad/GED     D. 12+  
 E. 2-4 yr. Grad College

**Food Stamps:**  
 Yes  
 No

**Health Insurance:**  
 A. Medicaid     D. Self-Ins.  
 B. Medicare     E. None  
 C. Private     F. Unknown

**Farmer:**  
 A. Farmer  
 B. Migrant  
 C. Seasonal

**Veteran:**  
 Yes  
 No

**# In HH**  
 \_\_\_\_\_

**Family Type:**  
 F. Single Par/Female     Single  
 M. Single Par/Male     Couple  
 Two Parent     Other

**Housing:**  
 Own  
 Rent  
 Homeless  
 Other

**Income Eligibility Period:**  
 A. Weekly     D. Annually  
 B. Bi-Weekly     E. 13 Weeks  
 C. Monthly     F. 3 Months  
 G. 6 Months

**Source of Income:**  
 A. Employment     C. Social Security     E. GA     G. Pension     I. Other  
 B. Unemployment     D. TANF     F. SSI/SSD     H. No Income     J. Zero Income  
 K. Refused – Only used for programs that do NOT require income verification

**Income Amount:**  
 \_\_\_\_\_

**Other Household Members**  
 Use codes from above ONLY for information listed below

SS#	Last Name	First Name	Date of Birth	Male/Female (M, F)	Disabled (Y, N)	Ethnicity (B, A, NHPI, NA, HL, W, O, MR)	Education (A, B, C, D, E)	Veteran (Y, N)	Health Insurance (A, B, C, D, E, F)	Income Period: (A, B, C, D, E, F, G)	Source (A, B, C, D, E, F, G, H, I, J, K)	Income Amount

Code#:	# of Units:	Date of Service:											Initials	Date

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Application must be entered into OCEAN within 10 days of signature date.