



LIST OF DOCUMENTS YOU MUST PROVIDE IN ORDER TO RECEIVE ASSISTANCE:

- Completed Application
- Photo Identification of Applicant (Choose One)
 - Driver's License or AZ State ID
 - Passport
 - Tribal ID
 - School ID
- Proof of Income for **ALL** Household members for the last 30 days:
 - Documents that automatically qualify applicant:
 - SNAP Approval Letter
 - Medicaid/AHCCCS Approval Letter
 - TANF Approval Letter
 - Home Delivered Meals/Meals on Wheels Approval Letter
 - WIC Approval Letter
 - Free & Reduced Lunch Approval Letter
 - OR, if applicant does not have any of the above documents:
 - Award Letters for Cash Assistance or Social Security benefits: SS, SSI, SSDI
 - Pay stubs for last 30 days for **ALL** household members
 - Child Support payment history for last 30 days and Atlas number
 - Unemployment 'Weekly Claims Information' print out for last 30 days from www.azui.com
 - If Self Employed:
 - Journal or ledger including name, phone number, and amount paid for all clients in the last 30 days.
 - If no longer employed:
 - Statement from most recent employer stating last day worked, reason for release, date last pay was issued, gross amount, vacation and sick pay received.
 - If starting new employment:
 - Statement from your employer stating start date, rate of pay, house scheduled to work and pay date schedule.
 - If there has been **NO INCOME** in the last 30 days:
 - Bank statement if surviving on savings.
 - Survival statements or letters from friends or relatives who have provided assistance.
- Most recent Gilbert Water Bill – all pages of bill required
 - **NOTE:** Name of applicant **MUST** appear on the bill in order to qualify for the discount program.



Please complete the following with information about your household

Name First, Middle, Last	Gender	Date of Birth	Disability	Veteran	Ethnicity	Race
1. Applicant's	M F		Y N	Y N		
2. Household Member	M F		Y N	Y N		
3. Household Member	M F		Y N	Y N		
4. Household Member	M F		Y N	Y N		
5. Household Member	M F		Y N	Y N		
6. Household Member	M F		Y N	Y N		
7. Household Member	M F		Y N	Y N		
8. Household Member	M F		Y N	Y N		
9. Household Member	M F		Y N	Y N		
10. Household Member	M F		Y N	Y N		

I hereby certify that, to the best of my knowledge, the provided information is true and accurate:

Signature: _____

Date: _____



Neighborhood Assistance Services (NAS)

Chandler/Gilbert Confidentiality Policy

AZCEND – Neighborhood Assistance Services (NAS) staff recognizes the importance of the highly sensitive information given to them by their clients. The NAS staff will not violate the trust and confidence of their clients. Failure to adequately protect confidential information regarding NAS clients may be grounds for employee dismissal.

The following guidelines were designed to help ensure that privileged information is treated with confidentiality and respect:

- Client files will be stored in locked cabinets
- Access to files is limited to NAS caseworkers, AZCEND supervisory staff.
- Clients have the right to review their files. AZCEND staff must be present while a client reviews their files.
- Photo identification must be presented at the time of the request.
- Only applicants and their spouses (listed as a household member on the application) may view the files.

The following guidelines will govern the release of confidential client information:

- The “need to know” principle will govern which information will be released.
- Information will only be released when a client has authorized such release, as outlined on the client assessment form.
- Requests for client information from police or court personnel will be referred to AZCEND’s NAS Program Manager immediately.
- Any questions related to the release of client information will be referred to AZCEND’s NAS manager.

I have read and received a copy of the Confidentiality Policy as outlined above.

Client Signature: _____ **Date:** _____

Caseworker’s Signature: _____ **Date:** _____



AZCEND
Neighborhood Assistance Services

Chandler/Gilbert
Grievance Process

We hope your contact with the Neighborhood Assistance Services (NAS) is beneficial to you. If you feel, for any reason, you have been treated unfairly you have a right to seek a solution as outlined below. **Step 1:** Discuss your concern with the NAS manager to try to reach a satisfactory solution. You can call 480-963- 1423 ext. 204 to discuss verbally or schedule a meeting. You must contact the manager within 10 days of the problem occurrence. The NAS manager will document your complaints as well as any steps taken to resolve the situation. The NAS shall maintain the files and records relating to complaints for a period of three years. Such documents shall be maintained as confidential records. You may request a copy of this documentation. **Step 2:** If you are dissatisfied with the results of your meeting with the NAS manager, you may present your complaint to AZCEND’s Program Operations Manager (480-963-14231 ext. 110). You must contact the Program Operations Manager within 10 days of completing step one. The Program Operations Manager will respond within 2 weeks of discussion and will document your complaint as well as any steps taken to resolve your complaint. You may request a copy of this documentation. **Step 3:** If you feel your complaint has not been satisfactorily resolved, you may present your complaint in writing within 10 business days to AZCEND’s Executive Director (345 S. California St. Chandler, AZ 85225 Phone number 480-963-1423). Upon review of your complaint, and in no more than 10 business days, you will be provided a written response addressing your concerns. AZCEND’s Executive Director shall review all client grievances for the purpose of continuous quality improvement. A record of client grievances shall be kept as part of the Chandler/Gilbert quality improvement documentation. The NAS senior management and Board shall review as appropriate.

I have read and received a copy of the Grievance Procedure outlined above.

Client Signature: _____ Date: _____

Chandler location
345 S. California St
Chandler, AZ 85225
480-963-1423 ext. 126

Gilbert location
132 W Bruce Ave.
Gilbert, AZ 85233
480-892-5331

CLIENT RIGHTS AND RESPONSIBILITIES

I understand that it is my responsibility to keep all appointments and to notify the Application Intake Worker if I am unable to keep my appointment.

I will provide all necessary documents and verifications as requested. In the event that I am not able to obtain a requested document or verification, I will notify the Application Intake Worker who will provide me with direction or assistance concerning this matter.

I understand that, without all necessary documents and verifications, an application for direct financial assistance cannot be processed.

I understand that I must provide full and accurate information regarding all persons in my home, to include income, resources, property and all other items that pertain to my household's possible eligibility for services. I

understand that failure to cooperate fully with the application intake process is grounds for denial of an application for direct financial assistance.

I understand that, if I believe my application should not have been denied, I may appeal this decision.

I will notify this agency if I wish to appeal this decision or the quality of service I was provided. I understand that, upon request, I will be provided assistance with my request to appeal. If I have not already received one, I will request from this agency, a copy of their written appeal, grievance, or problem solving procedure. I understand that, if I wish to appeal, I or my authorized representative must do so in writing to this agency within ten (10) days of the receipt of the denial notice.

With my signature below, I confirm that I fully understand my rights and responsibilities.

Applicant Signature

Date