WAMY Community Action, Inc

Family Development Application

Confidentiality Statement: Information shared with this agency will be kept with the strictest confidence unless its release is authorized in writing. These forms will be maintained in locked files.

A complete application includes the following:

☐ **A copy of the applicant's ID**

☐ **90 days' proof of gross income* for all adults 18+ living in the household**

☐ **If applicable, a copy of the bill you request assistance with**

* 90 days' proof of income begins the day the application is submitted. For example, if the application is to be submitted September 05, 2026, pay stubs need to be submitted from June 07 to September 05 (encompassing the last 90 days of income). Other acceptable forms of income include and are not limited to: Social Security letters, Private Pension Retirement, Net Receipts for Self-Employment. If you do not have a source of income, we will provide a separate form. Please call our intake specialist at (828)264-2421 ext. 111 for the "No Income" form or if you have any questions about what you can and cannot provide for proof of income.

Personal Information

Name: _____ Date of Birth: _____

Address (include city, state, and zip code):

_____

_____

Phone Number: _____ Sex: _____ Race: _____

Ethnicity: _____ Marital Status: _____ Are you in school? _____

Do you have a high school diploma or GED? _____ Are you employed? _____

Highest Level of Education Complete: _____

Do you have health insurance? _____ Do you receive Medicaid? _____

Please list all adults and children residing in the home:

Name	Relationship to you	DOB	Sex	Race	Ethnicity	Does this person have a disability? (yes or no)	Is this person a Veteran/in Active Duty?

Services

In the last 12 months has your family received any of the following?

Service	Amount	Service	Amount
Childcare Assistance	_____	Pell Grant	_____
Child Support	_____	Section 8 Housing	_____
Emergency food/shelter	_____	Social Security/SSI Benefits	_____
Food stamps	_____	Unemployment Benefits	_____
Head Start	_____	WIOA	_____
Medicaid/Medicare	_____	Work first/TANF	_____
NC Works	_____		

What services could you use assistance with? Please check all that may apply, even if you don't need it at the time of the application. Add the cost of the service, an estimate is okay.

Service	**I or someone in the family pays for this service (yes or no)**	**Cost**	**Due Date**
Childcare			
Education Assistance (books, tuition, uniform, etc.)			
Employment Assistance (uniform, education course, etc.)			
Fuel (Housing)			
Insurance			
Medical/Dental			
Rent/Mortgage			
Repairs: Home/Vehicle			
Utilities: Internet/Wi-Fi			
Utilities: Power			
Utilities: Water/Sewer			
Other:			

Please list your top three needs, in order, from the services listed above:

1.

2.

3.

What circumstances caused this hardship? _____

_____

_____

Are you still facing hardship following Hurricane Helene? If so, please describe _____

_____

_____

Future Planning

Do you have an action plan if this happens again in the future? What is it? _____

_____

_____

What are your personal goals (for life in general)?

Short-term: _____

_____

Long-term: _____

_____

What are your strengths and resources you have to help reach your goals? _____

_____

_____

Where do you see yourself in 3 months? What about in one year? 5 years? _____

_____

_____

Client Code of Conduct Agreement

Our Mission: To partner with communities and families to provide disadvantaged families the support and tools they need to become self-sufficient.

Our Vision: WAMY is a catalyst to communities working together. WAMY nurtures families in an environment that promotes a positive quality of life, and we provide hope through opportunity.

Our organization and employees are fully committed to the principle of honesty, integrity, and fairness in the delivery of services to communities, while abiding by all local and federal laws and guidelines.

Our clients will be held to the following code of conduct:

- Be respectful with all staff members.
- Communicate respectfully, honestly, and as clearly as possible.
- Do not verbally or physically threaten employees or place of business.
- Discrimination of any kind will not be tolerated.
- Vulgar, inappropriate, and/or screaming will not be tolerated.
- Do not attempt to bribe or bully staff members into providing services.

The organization will attempt to deescalate a situation involving violations of the code of conduct, if possible, and to the best of our ability. An attempt at communication may be continued if the situation calms down. Any violations to this code of conduct agreement may result in the organization declining services. At that time communication will not resume and you will be given instructions to complete a client grievance procedure if you choose to.

Print Name

Signature Date

WAMY Community Action Employee Signature Date

CLIENT GRIEVANCE PROCEDURES

If you feel it is necessary to file a complaint or grievance concerning any Agency Program, you may contact the agency Equal Opportunity (EO) officer:

W.A.M.Y. Community Action, Inc.
225 Birch Street, Suite 2
Boone, NC 28607
(828)264-2421

Initial Procedure: All grievances must be filed in writing no more than thirty (30) days after the date of the action upon which the grievance is based. Every effort will be made to resolve the problem informally within fifteen (15) workdays.

Administrative Hearing: If the problem is not resolved satisfactorily in the Initial Procedure step, it may be referred in writing to WAMY's Executive Director by any persons involved within five (5) working days. An administrative hearing will be called. After review of the matter and discussion with all those involved, the Executive Director shall render a written decision with all those involved, the Executive Director shall render a written decision within seven (7) workdays from the date of the referral.

Appeal to the Board of Directors: If the decision of the Executive Director is not acceptable to any of those involved, the dissatisfied person(s) may appeal to the Board of Directors. All appeals shall be in writing within five (5) workdays of the Executive Director's decision and should be addressed to WAMY's Chairperson of the Board.

I, _____acknowledge that as an applicant of the Family Development Program, that I have been informed of the Appeals and Grievance Procedures and have received a copy of this signed document.

_____ _____

Applicant Signature Date

Authorization to Release Information

I, _____, do hereby consent and authorize the selected agencies/businesses indicated below to release information pertaining to me, to WAMY Community Action, Inc., and I also authorize WAMY Community Action, Inc. to release information/documentation regarding my participation with WAMY Community Action, Inc. to the same.

To provide the best possible services and care, WAMY Community Action often needs to contact other organizations/business/agencies/relevant individuals. We may need additional funding and partner with another agency, contact Department of Social Services to help retrieve Social Security letters, contact your landlord to pay your rent, etc. Additionally, sometimes we work with clients who need family members that are not living in the home to assist them through their process with WAMY. Listed below are frequent contacts we may need to reach out to:

- Business related to bill support
- Contractors for repairs
- Department of Social Services
- Family members as directed
- Landlord
- Local churches
- Local non-profits
- WAMY Community Action

Please list any information you would NOT want released _____
_____

If your case worker finds they need to contact an entity that is not on this list, they will reach out to you for consent.

The duration of this authorization is until six months from the date of my discharge from the WAMY Community Action program I am participating in. I understand that I may revoke this consent at any time by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent. A photocopy of this authorization is to be considered as valid as the original document.

Signature Date

_____ _____

WAMY Community Action, Inc.

MEDIA RELEASE FORM

I hereby give permission to WAMY Community Action, Inc., to interview, photograph and/or videotape me. It is my understanding that this photograph/interview or portions thereof will be used for public view. I agree to participate in these projects without financial remuneration, and I understand that this releases WAMY Community Action, Inc. from any future claims, as well as from any liability, arising from the use of the said photograph/interview.

Name of Client: _____
(please print or type)
Signature of Client: _____

Parent or guardian (if under 18): _____

Date: _____

WAMY AMBASSADORS

WAMY relies heavily on financial support from local donors. Their contributions make our services to you possible. It is very important to let our donors know where their money is going and the difference it is making in people's lives. Would you be willing to help us increase our donations so that we can help more people? Please check below what you would be willing to do to help:

_____ I would be happy to speak at an event about my personal experience and how WAMY has helped me to succeed.

_____ I will write my personal story to be included in newsletters or programs for WAMY.

_____ I will post positive comments on WAMY's Facebook page.

_____ I would be happy to write personalized Thank You notes to donors.

_____ I will volunteer at an event sponsored by WAMY.

_____ I will pay it forward by _____.

Name of Client: _____
(please print or type)
Signature of Client: _____

Parent or guardian (if under 18): _____

Date: _____