



# WAMY Community Action, Inc.

## Hurricane Helene Relief

**Applicant:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Address:** Street: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Currently Experiencing homelessness:

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total number of people in the home: \_\_\_\_\_ Number of Children in the home: \_\_\_\_\_

Name	Gender	DOB	Marital Status	Race

Do you have heat? \_\_\_\_\_ Do you have Homeowners Insurance? \_\_\_\_\_

Have you applied for FEMA? \_\_\_\_\_

How has Hurricane Helene impacted you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your needs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification:**

I \_\_\_\_\_ (print name) agree with the following statement:

My request for assistance, as shown above is due to a household financial need and I will use the assistance I receive for its intended purpose.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Agency Staff/Witness

\_\_\_\_\_  
Date Assistance Received

\_\_\_\_\_  
Applicant Initials

\_\_\_\_\_  
Agency Initials



WAMY Community Action, Inc.

## Hurricane Helene Relief

### Income Verification Statement

I, \_\_\_\_\_, certify that I  
have had \$ \_\_\_\_\_ in gross income from:  
\_\_\_\_\_ to \_\_\_\_\_.

By signing this application, I certify that the information given is true and accurate.  
I understand that any false information will result in my disqualification from this  
program.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

225 Birch Street, Sute 2

Boone, NC 28607

Telephone: 828-264-2421 Fax: 828-264-0952

Tom Hughes, Board Chari     Brittany Luxton, Executive Director



WAMY Community Action, Inc.  
*Hurricane Helene Relief Program*

### Authorization to Release Information

I, \_\_\_\_\_, do hereby consent and authorize the agencies/businesses indicated below to release any information pertaining to me, including wages, to WAMY Community Action, Inc., and I also authorize WAMY Community Action, Inc. to release information/documentation regarding my participation in the Family Development Bridges Program to the same:

- € Department of Social Services
- € Workforce Investment Act/Get REAL
- € Division of Employment Security
- € WAMY Community Action, Inc.
- € Mental Health Agency/Professional \_\_\_\_\_
- € Community College (name) \_\_\_\_\_
- € Any employer past or future
- € Community Agency (name) \_\_\_\_\_
- € Other: \_\_\_\_\_

The duration of this authorization is until six months from the date of my discharge from the Hurricane Helene Relief Program.

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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness 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



## 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.

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Print Name

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Signature

Date

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WAMY Community Action Employee Signature

Date