



Charles County Government
DEPARTMENT OF COMMUNITY SERVICES

CHARLES COUNTY COMMISSIONERS

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Dear Applicant:

The Charles County Vision 2020 Pilot Program (Anti-Poverty Initiative) is designed to help Charles County residents improve their quality of life as it relates to health, education, transportation, housing, and employment. By working with an assigned caseworker, who will provide support and referrals, program participants' will work toward achieving their goals and moving out of poverty into sustainable and independent living conditions.

To be considered for the Charles County Vision 2020 Pilot Program you must meet the Income Eligibility Guidelines published by the Department of Health and Human Services. These same guidelines are used by State agencies in determining the income eligibility of persons applying to participate in federal and state assistance programs. The guidelines for this program are shown below. Check the income guidelines to see if you qualify. If your family receives less than the amount listed, you may be eligible. *Special consideration may be granted to those above the income limit based on their demonstration of need.*

Persons in Family/Household	Income Limit
1	\$11,170
2	\$15,130
3	\$19,090
4	\$23,050
5	\$27,010
6	\$30,970
7	\$34,930
8	\$38,890
For families/households with more than 8 persons, add \$3,960 for each additional person.	

If you are interested in being considered for this exciting new program and are willing to commit to working hard to achieve your goals, please complete the enclosed application. For best consideration submit your application no later than September 30, 2012. Applications can be mailed or delivered in person to the Department of Community Services, 8190 Port Tobacco Road, Port Tobacco, MD 20677.

For more information or if you have questions regarding the program or the application please call 301-934-0106 or visit www.charlescountymd.gov/cs/ccvision2020.

Your Charles County Connection...

Aging & Senior Programs • Housing Authority • Recreation • Transportation & Community Programs

8190 Port Tobacco Road, Port Tobacco, MD 20677 • 301-934-9305 • 301-932-6004 • 301-870-3388

Fax: 301-934-5624 • E-Mail: Webmail@CharlesCounty.org

Maryland Relay Service: 711 • Relay Service TDD: 1-800-735-2258 • Equal Opportunity County

Visit us online at www.CharlesCountyMD.gov



CHARLES COUNTY MARYLAND
 Where Eagles Fly™

**Charles County Vision 2020 Pilot Program Application
Empowering Charles County Families**

Applicant Information

Legal Name: _____

Phone: Home _____ **Cell** _____ **Work** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Do you: **Own** **Rent** **Other** **If other, please explain:** _____

Current monthly mortgage or rent payment: _____ **Length at address:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Have you served in the U.S. Military? _____ **Branch:** _____

Rank: _____ **Entry Date:** _____ **Discharge Date:** _____

Applicant Employment Information

Current Employer: _____

Employer Phone: _____ **Fax:** _____ **Email:** _____

Employer Address: _____

City: _____ **State:** _____ **Zip:** _____

Title/Position: _____ **Length of Employment:** _____

Hourly or Salary (Please circle) **Annual Income:** _____

Previous Employer: _____

Employer Phone: _____ **Fax:** _____ **Email:** _____

Employer Address: _____

City: _____ **State:** _____ **Zip:** _____

Title/Position: _____ **Length of Employment:** _____

Hourly or Salary (Please circle) **Annual Income:** _____

Co-Applicant Information

Legal Name: _____

Phone: Home _____ Cell _____ Work _____

Current Address: _____

City: _____ State: _____ Zip: _____

Do you: Own Rent Other If other, please explain: _____

Current monthly mortgage or rent payment: _____ Length at address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Have you served in the U.S. Military? _____ Branch: _____

Rank: _____ Entry Date: _____ Discharge Date: _____

Co-Applicant Employment Information

Current Employer: _____

Employer Phone: _____ Fax: _____ Email: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Title/Position: _____ Length of Employment: _____

Hourly or Salary (Please circle) Annual Income: _____

Previous Employer: _____

Employer Phone: _____ Fax: _____ Email: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Title/Position: _____ Length of Employment: _____

Hourly or Salary (Please circle) Annual Income: _____

Are you receiving Housing Assistance?	Yes	No	
Other information you would like to share regarding your housing needs:			

Part Two: Health Information/Needs			Comments:
Do you and your family members have health insurance?	Yes	No	
Do you and your family members have dental insurance?	Yes	No	
Do you and your family members have vision insurance?	Yes	No	
Do you or anyone in your family have mental health issues?	Yes	No	
Do you or anyone in your family have a chronic or long term illness?	Yes	No	
Are you or anyone in your family receiving drug or alcohol treatment?	Yes	No	
Is anyone in your household in need of drug or alcohol treatment?	Yes	No	
Please detail any health conditions or health issues that you or anyone in your household may have:			

Part Three: Education Information/Needs			Comments:
What is your current level of education?	GED	High School Diploma	
	Some College	College Degree	Trade School
Do you have internet access at your current residence?	Yes	No	
Please share with us your educational goals for both you and your family members:			

Part Four: Transportation Information/Needs			Comments:
Do you have your own vehicle?	Yes	No	
Is your vehicle reliable?	Yes	No	
Do you use public transportation?	Yes	No	
Do you have access to public transportation?	Yes	No	
Please share with us your transportation needs:			

Part Five: Other Information/Needs

What other assistance are you receiving from other agencies? (Department of Social Services, Non-Profits, Church, etc. . .)

Please share with us any other information regarding assistance you may need to move out of poverty and into long term, sustainable living conditions:

How did you find out about the Anti-Poverty Vision 2020 Program: (optional)

- Friend**
- Family Member**
- Someone in the program**
- County Website**
- Outside Agency: If so, what agency? _____**
- Other (Specify): _____**