



Charles County Government  
**DEPARTMENT OF COMMUNITY SERVICES**

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Dear Applicant:

The Charles County Vision 2020 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 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
<b>For families/households with more than 8 persons, add \$3,960 for each additional person.</b>	

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 **November 15, 2013**. 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 301-934-0100 or visit [www.charlescountymd.gov/cs/ccvision2020](http://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](mailto:Webmail@CharlesCounty.org)

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

Visit us online at [www.CharlesCountyMD.gov](http://www.CharlesCountyMD.gov)



CHARLES COUNTY MARYLAND  
 Where Eagles Fly™

## Charles County Vision 2020 Program Application Empowering Charles County Families

### Applicant(s) Information

<b>Applicant</b>	<b>Co-Applicant</b>
Legal Name: _____	Legal Name: _____
Co-Applicants relation to Applicant: _____	
Phone: Home _____	Cell _____ Work _____
Email Address: _____	
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 (if different from above): _____	
City: _____	State: _____ Zip: _____
Have you served in the U.S. Military? _____ Branch: _____	

### Applicant Employment Information

**Current Employer:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Rate of Pay:** \_\_\_\_\_

**Other Sources of Income (check all that apply):**

- Child Support
- Alimony
- Social Security (SSI)
- Temporary Cash Assistance (TCA)
- Social Security Disability Income (SSDI)
- SNAP
- Other

### Co-Applicant Employment Information

**Current Employer:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Rate of Pay:** \_\_\_\_\_

**Other Sources of Income (check all that apply):**

- Child Support
- Alimony
- Social Security (SSI)
- Temporary Cash Assistance (TCA)
- Social Security Disability Income (SSDI)
- SNAP
- Other

### Applicant Education Information

**Highest level of education (check one):**

- Some High School
- High School Diploma/GED
- Trade School
- Some College
- Associates Degree
- Bachelor's Degree
- Master's Degree

### Co-Applicant Education Information

**Highest level of education (check one):**

- Some High School
- High School Diploma/GED
- Trade School
- Some College
- Associates Degree
- Bachelor's Degree
- Master's Degree

**Please list all persons living in your household, including the applicant and co-applicant.**

<b>Name</b>	<b>Age</b>	<b>Date of Birth</b>	<b>Relation to Applicant</b>	<b>School Attending</b>

**Family Life Questionnaire**

**To help us understand your current living situation and needs please answer the questions below as they pertain to your current status with housing, health, and transportation.**

<b>Housing</b>	<b>Yes</b>	<b>No</b>	<b>Transportation</b>	<b>Yes</b>	<b>No</b>
Are you currently homeless?	___	___	Do you have your own vehicle?	___	___
Is your housing permanent?	___	___	Is your vehicle reliable?	___	___
Are you receiving Housing Assistance?	___	___	Do you use public transportation?	___	___
Do you have indoor plumbing?	___	___	Do you have access to public transportation?	___	___
<b>Health</b>	<b>Yes</b>	<b>No</b>	<b>Additional Comments/Information (optional):</b>		
Do you have health insurance?	___	___			
Do you have health issues?	___	___			
Are you receiving treatment for any health issues?	___	___			

**I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that this application is confidential and I authorize for such information to be shared with the Department of Community Services and the Charles County Vision 2020 Program Advisory Committee.**

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

**Name of person completing this application (if other than the applicant):**

**Printed Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Title:** \_\_\_\_\_