



Charles County Government  
**DEPARTMENT OF COMMUNITY SERVICES**

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Dear Applicant:

The Charles County Vision 2020 Program 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 away from recurring economic crises into sustainable and independent living conditions.

Listed below are the program Income Eligibility Guidelines published by the Department of Health and Human Services. The income guidelines are not a deciding factor in determining eligibility or selecting participants for this program.

Persons in Family/Household	Income Limit
1	\$11,670
2	\$15,730
3	\$19,790
4	\$23,850
5	\$27,910
6	\$31,970
7	\$36,030
8	\$40,090
<b>For families/households with more than 8 persons, add \$4,060 for each additional person.</b>	

Completion of the application process and your willingness to commit to working hard to achieve your goals are important factors when being considered for this program. Every application will be reviewed and all applicants will be contacted for a face-to-face interview.

If you are interested in being considered for the Vision 2020 Program, please complete the enclosed application. For best consideration, submit your application no later than **November 21, 2014**. Applications can be sent electronically, 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 301-934-9305 extension 5142 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

**Applicant** \_\_\_\_\_ **Co-Applicant** \_\_\_\_\_  
**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:** \_\_\_\_\_