



**Pagosa Community Initiative  
Request for funds allocated toward family stabilization**

**PCI Funding Process and Procedures:**

Residents can be referred by community agencies or self-refer by filling out the application. The application will be then screened by the Executive Director of PCI. If the request is under \$300, the decision will be made by the Director, if it is over \$300 it will be screened by the PCI Financial Committee. If the application meets guidelines and is deemed to be complete and appropriate, the applicant will be called to conduct a phone interview regarding the request by the Executive Director or the Family Services Coordinator. The decision will be made after the interview by either the Executive Director or the Financial Committee- a phone interview will be necessary to make the final decision. The applicant will be notified as soon as possible regarding the decision.

Payments are made directly to a service provider/vendor or will be released in the form of a gift card if applicable. No cash or check payments will be made to the applicant.

Should funds be applied inappropriately in any way families will lose the opportunity for future requests permanently and for life.

Items for possible consideration (you must provide documentation of all requests, eg. invoices or statements) :

- Rent or Mortgage Assistance- Attach a statement, phone number of landlord or mortgage company, any financial notices made
- Utility Assistance- you must provide proof of application to LEAP prior to this application, attach any notices and a statement
- Vehicle Payment or Insurance- Attach payment stub or insurance bill
- Vehicle Repair- Get into Contact with Natalie Tom at CTs Automotive for quotes and service plan. We will not move forward with repairs until the vehicle is assessed and a plan is in place. If you choose to not use CT Automotive, you need to attach a quote from the garage of your choice. Vehicle repair must go through the vendor, we will not accept nor pay requests for repairs done by a friend or family member.
- Medical or Dental- Attach your medical or dental bill from the physician or service provider

\*Other needs may be considered on a case-by-case basis\*

**Applicant Information**

Intake Date \_\_\_\_\_  
Legal First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Legal Last Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
County \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Tribal Membership: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Gender: \_\_\_\_\_ County \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Marital Status \_\_\_\_\_  
Permission to text: Yes No

*\* If you prefer text messaging, please note that text message or messaging platforms are not HIPAA compliant.*

**General Information**

Do you have health Insurance? Yes No

If yes, who is your insurance provider \_\_\_\_\_

Is Anyone in the family or youth enrolled in Medicaid?

- Yes
- No

Yearly Family Income Before Taxes \_\_\_\_\_

Have you been to our Center before? \_\_\_\_\_

How Did You hear about PCI? \_\_\_\_\_

Do You have a diagnosed Disability? Yes No

Are you pregnant Yes No N/A

Is anyone in the Household Pregnant Yes No

Are you or your spouse a Veteran? Yes No

What is Your Highest Level of Education \_\_\_\_\_

What is your Housing Situation? \_\_\_\_\_

Are You Employed? Yes No

Employment Status Full-time Part-Time Seasonal

Do you have a personal Vehicle or getting transportation needs met? \_\_\_\_\_

Do you or anyone in your family have dental coverage? \_\_\_\_\_

Do you have access to enough food? \_\_\_\_\_

Are school aged children enrolled in school? \_\_\_\_\_

If caring for a child, do you have quality childcare if needed? \_\_\_\_\_

Do You Feel Safe in Your relationships? \_\_\_\_\_

If employed what type of work do you do? \_\_\_\_\_

***Systems The Family Is Involved In***

Please Check what services your family is receiving currently or involved with so our staff can help you navigate if needed:

Medicaid \_\_\_\_\_

TANF \_\_\_\_\_

SNAP \_\_\_\_\_

WIC \_\_\_\_\_

Housing assistance \_\_\_\_\_

Child Support \_\_\_\_\_

Domestic Violence Services \_\_\_\_\_

Disability Benefits \_\_\_\_\_

Workmans Comp \_\_\_\_\_

Social Security Benefits \_\_\_\_\_

EOC Assistance \_\_\_\_\_

LEAP \_\_\_\_\_

CMP Services \_\_\_\_\_

High Fidelity Wraparound Services \_\_\_\_\_

Services through a Food Bank \_\_\_\_\_

Safe Care \_\_\_\_\_

Child Protective Services \_\_\_\_\_

Does the family consent to the Family Services Coordinator contacting local agencies or vested organizations to determine the possibility of braiding funding?

- Yes
- No

**Other Family Members Demographics**

Number of Adults in the home: \_\_\_\_\_

Number of Children in home: \_\_\_\_\_

Number of Females in Home: \_\_\_\_\_

Number of Males in Home: \_\_\_\_\_

Number of Other / Non Binary in home: \_\_\_\_\_

Please Complete for all other family members in the home. This information is for data reporting purposes to continue to receive emergency funding.

1 ) Legal First Name: \_\_\_\_\_ Legal Last Name : \_\_\_\_\_ DOB \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_  
Tribal Status \_\_\_\_\_ Grade Level \_\_\_\_\_

2 ) Legal First Name: \_\_\_\_\_ Legal Last Name : \_\_\_\_\_ DOB \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_  
Tribal Status \_\_\_\_\_ Grade Level \_\_\_\_\_

3 ) Legal First Name: \_\_\_\_\_ Legal Last Name : \_\_\_\_\_ DOB \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_  
Tribal Status \_\_\_\_\_ Grade Level \_\_\_\_\_

4 ) Legal First Name: \_\_\_\_\_ Legal Last Name : \_\_\_\_\_ DOB \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_  
Tribal Status \_\_\_\_\_ Grade Level \_\_\_\_\_

5 ) Legal First Name: \_\_\_\_\_ Legal Last Name : \_\_\_\_\_ DOB \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_  
Tribal Status \_\_\_\_\_ Grade Level \_\_\_\_\_

6 ) Legal First Name: \_\_\_\_\_ Legal Last Name : \_\_\_\_\_ DOB \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_  
Tribal Status \_\_\_\_\_ Grade Level \_\_\_\_\_

7 ) Legal First Name: \_\_\_\_\_ Legal Last Name : \_\_\_\_\_ DOB \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_  
Tribal Status \_\_\_\_\_ Grade Level \_\_\_\_\_

**Other PCI Services**

Are you interested in learning more about the classes that Pagosa Community Initiative provides or joint classes with partnering organizations?

- Yes
- No

If Yes, can we add you to our email list?

- Yes
- No

Are you interested in learning more about the Family Support program? The Family Services Navigator will follow-up with you to discuss the possibility of working one on one with you to find other community resources, advocating for you with other community agencies, providing financial support when there is current grant funding through State flex funds, and help you create your own self directed goals and support you with achieving them? This has no effect on application for Emergency Services just informs us that you might be interested in additional help or services through PCI.

- Yes
- No

**Emergency Services Questions**

Briefly describe how funds will be utilized:

Vendor Information to be Paid For Example Selph's Propane, LPEA, Etc. (Include name, address, phone number, contact person, account number and copy of any statements or notices):

Date funds are needed:

List other avenues of funding that have been explored, dates these avenues were explored, and why these funds are not available. If other avenues have not been explored, please explain why:

Briefly describe the sustainability plan for youth/family to ensure funds will not be needed for a similar situation in the future:

Amount of funds requested: \$

\_\_\_\_\_  
Print name and title of the person requesting funds

\_\_\_\_\_  
Signature and title of the person requisitions funds

\_\_\_\_\_  
Print Date



Family Resource Center

RELEASE OF INFORMATION

I, \_\_\_\_\_, give Pagosa Community Initiative consent to release and receive information from the following organizations/parties (check all that apply):

Pagosa Community Initiative Staff\_\_

- Authentic Solutions\_\_
HighCountryCounseling\_\_
Axis Health\_\_
Bridges Program\_\_
Pagosa Springs Elementary\_\_
Pagosa Springs Middle School\_\_
Pagosa Springs High School\_\_
Pagosa Peak Open School\_\_
San Juan Mountain School\_\_
Goal Academy\_\_
Wings Early Childhood Center\_\_
Seeds of Learning\_\_
Tri County HeadStart\_\_
San Juan Basin Health\_\_
Pagosa Springs Medical Center\_\_

- Pagosa Medical Group\_\_
San Juan Boces\_\_
Archuleta Dept. of Human Services\_\_
Southwest Center of Independence\_\_
Forge Martial Arts\_\_
La Plata Family Center Coalition\_\_
Pagosa Outreach\_\_
Archuleta Housing\_\_
Hickory Ridge\_\_
Archuleta Housing Authority\_\_
Aspire\_\_
Collaborative Management Program\_\_
Other: \_\_\_\_\_
Other: \_\_\_\_\_
Other: \_\_\_\_\_
Other: \_\_\_\_\_

- [ ] This release is for one time use only
[ ] This release is valid for one year from \_\_\_\_\_ to \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PCI Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This release of information can be revoked at any time. If you wish to revoke please notify staff. I, \_\_\_\_\_, request to revoke this release of information as of today's date \_\_\_\_\_.

Participant Signature: \_\_\_\_\_ PCI Staff Signature: \_\_\_\_\_



## Family Resource Center



### Data Consent Form

As part of your participation in this program, the Colorado Department of Early Childhood will store information related to you, your household members, and the program activities you participate in. This information will be collected by program staff and/or provided to the CDEC. The CDEC will use the information gathered to record your progress in the program and to conduct research on the program.

All information gathered through the program will be kept confidential. The data will be stored in an encrypted, cloud-based storage system and password-protected secure network which are managed by the Colorado Department of Early Childhood. Only the CDEC, program staff, and the CDEC's research partners and program intermediaries will have access to your data. Organizations with which we share data for the purpose of evaluation and program support are bound by a confidentiality agreement and are not allowed to share your personal identifiable information. Your identity will never be revealed in any publications, presentations, or reports resulting from the program and data will always be presented in aggregate form. The CDEC will only share personally identifiable information as required by law. By signing below, you are agreeing to these terms.

Caregiver Signature

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Date \_\_\_\_\_