

Immigrant Pathways Colorado (IPC)

Information for Referring Professionals

(Feel free to make copies of this application form for future use.)

IPC is an all-volunteer organization with the mission of assisting immigrants to make Colorado their home and building mutually respectful relationships within the community.

IPC will assist in areas that promote integration and success of immigrants and refugees. Examples include but are not limited to tuition, books, and materials for English as a Second Language classes; citizenship-related expenses; GED preparation and materials; professional certification and tools required for employment.

To the Referring Professional:

1. Fill out the Application Form **completely**
2. Attach a copy of the applicant/immigrant's status, such as a Permanent Resident Card (green card).
3. Attach a copy of applicant's current picture ID or driver's license.
4. **VERIFY** applicant's annual income; it must fall within 150%-300% of federal poverty guidelines; current proof of address; a phone or utility bill offers proof; a picture ID does *not*; document(s) that prove applicant's immigration status (such as green card).
5. **EXCLUDE** applicant's social security number; it should **NOT** appear on this application.
6. IPC requests a brief statement about how IPC support will make a difference in the applicant's life. Include statement with application or mail to: ***Immigrant Pathways Colorado PO Box 401 Littleton, CO 80160.***

NOTES

- Applications for small self-development grants for immigrants/refugees **must** come from a referring professional; for example, staff at the Littleton Immigrant Resources Center.
- IPC does not assist with rent, utilities, and emergencies or back bills of any kind.
- IPC pays vendors directly, only **after** the item or service has been provided per IPC's written approval.
- You will be notified of grant approval status by e-mail.
- *Whenever necessary, use the back side of the application form to complete the requested information.*
- IPC **relies on the Referring Professional** to ensure the applicant has provided proof of participation in programs such as food stamps, Medicaid, etc. that s/he has listed on page four and/or five of the application.

Criteria for Assessing Income

IPC uses the following criteria for assessing low-income families: applicants should have an income between 150 and 300 percent of the poverty level, as reflected in the chart below.

Family Size	(Poverty) 100%	150%	200%	250%	300%
1	\$11,770	\$17,655	\$23,540	\$29,425	\$35,310
2	\$15,930	\$23,895	\$31,860	\$39,825	\$47,790
3	\$20,090	\$30,135	\$40,180	\$50,225	\$60,270
4	\$24,250	\$36,375	\$48,500	\$60,625	\$72,750
5	\$28,410	\$42,615	\$56,820	\$71,025	\$85,230
6	\$32,570	\$48,855	\$65,140	\$81,425	\$97,710
Add this amount of money for each additional family member	\$4,160				

From 2016 Health and Human Services

HOUSING INFORMATION

Does applicant own rent house apartment trailer room

Rent or mortgage payment \$ _____ Paid monthly weekly

Does applicant have subsidized housing? yes no

Total rent _____ Total housing payment _____

How long at present address? _____ years _____ months

TRANSPORTATION INFORMATION

What is applicant's mode of transportation?

Car Friend/carpool Public transportation Walking

Other _____

APPLICANT'S SOURCE OF INCOME

Currently ___employed ___unemployed for ___years ___months

Employer _____

Work phone _____

Monthly employment income *before taxes* \$_____

If a program below applies, for approximately how long? ___months ___years

✓	Program Name	Amount	If applied, appointment date
	TANF		
	Food Stamps		
	SSI/SSDI		
	Social Security		
	Unemployment/Worker's Comp		
	Medicaid/Medicare—SELF		
	Medicaid/Medicare--CHILDREN		
	Old Age Pension		
	WIC		
	Child support		
	Pell Grant		
	VA		
	Other (give name)		

INCOME FOR SPOUSE AND ALL OTHERS WHO CONTRIBUTE TO HOUSEHOLD INCOME

Currently ___employed ___unemployed

Employer _____

Work phone _____

Monthly employment income *before taxes* \$_____

If a program below applies, for approximately how long? _____ months _____ years

✓	Program Name	Amount	If applied, appointment date
	TANF		
	Food Stamps		
	SSI/SSDI		
	Social Security		
	Unemployment/Worker's Comp		
	Medicaid/Medicare—SELF		
	Medicaid/Medicare--CHILDREN		
	Old Age Pension		
	WIC		
	Child support		
	Pell Grant		
	VA		
	Other (give name)		

TOTAL HOUSEHOLD MONTHLY INCOME *BEFORE TAXES* \$_____

MONTHLY HOUSEHOLD EXPENSES

Rent/Mortgage \$	Trailer Space \$	Health Insurance \$	Credit Card/Installment \$
Water/Sewer \$	Food (without food stamps) \$	Gasoline for Car \$	Gas/Electric for House \$
Car Payment(s) \$	Car Insurance \$	Public Transportation \$	Telephone \$
Cigarettes \$	Cell Phone \$	Daycare \$	Therapy \$
Entertainment \$	Dental \$	Household Items \$	Cable \$
Internet \$	Life Insurance \$		
Other (please explain) (Medical, Pharmacy, Payment plans) \$			

TOTAL MONTHLY HOUSEHOLD EXPENSES \$ _____

APPLICANT'S GOALS *(Use back of page if needed.)*

Please explain your financial hardship.

In what ways will receiving this grant help you?

The applicant and referring agency agree to defend, indemnify and hold IPC harmless from any and all claims, disputes, liabilities or causes of action arising from the agreement to provide assistance, or the providing of assistance, or arising from services and goods sold or provided to recipients of assistance through IPC.

With my signature, I certify and affirm all of the information enclosed in this application is accurate to the best of my knowledge, and I understand all requirements for IPC services.

Applicant Signature

Date

Referring Professional Signature

Date

Referring Professional's

- Name _____
- Email address: _____
- Phone: _____
- Fax: _____

Referring Agency Comments

IPC requests a brief statement about how IPC support will make a difference in the applicant's life (use reverse side if necessary).

Return this form, completed and signed, by email to info@ConnectingImmigrants.org, or by mail to: Immigrant Pathways Colorado, P.O. Box 401, Littleton, CO,