UNITED WAY OF JEFFERSON COUNTY

UNITED FOR ALICE ASSISTANCE PROGRAM

APPLICATION PACKET

United for ALICE (Asset Limited, Income Constrained, Employed) is a United Way of Jefferson County initiative designed to assist hardworking individuals and families experiencing temporary financial hardship. The goal of the program is to help individuals and families maintain stability, remain employed, and overcome barriers that threaten their health, safety, housing, accessibility, or ability to work.

Program Guidelines- Please read carefully before applying:

- Applicants must reside in Jefferson County, Ohio.
- Applicants must demonstrate financial hardship or emergency need.
- Assistance is based on available funding and eligibility requirements. Check https://www.unitedforalice.org/alice-income-status-tool
- Submission of an application does not guarantee assistance.
- United Way of Jefferson County does not provide cash assistance.
- Approved assistance will be paid directly to vendors, contractors, service providers, pharmacies, repair facilities, or other approved entities.
- United Way reserves the right to approve, deny, or limit assistance requests.
- Funding decisions are final.
- Additional documentation may be required.
- Funding is up to $500 per household per calendar year.
- Providing false or misleading information may result in denial of assistance and future ineligibility.

APPLICANT INFORMATION

Applicant Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method:

☐ Phone

☐ Email

☐ Text Message

HOUSEHOLD INFORMATION

Housing Status:

☐ Own Home

☐ Rent

☐ Living with Family/Friends

☐ Other _____

Number of Adults in Household: _____

Number of Children in Household: _____

List Household Members:

NAME	AGE	RELATIONSHIP

EMPLOYMENT INFORMATION

Employer: _____

Position: _____

Length of Employment: _____

Employment Status:

☐ Full-Time

☐ Part-Time

☐ Self-Employed

☐ Other _____

Monthly Household Income: _____

ASSISTANCE REQUEST

Type of Assistance Requested (Check all that apply):

☐ Auto Repair (excluding cosmetics and general maintenance)

☐ Transportation Voucher

☐ Prescription Assistance

☐ Medical Expense

☐ Dental Expense

☐ Vision Expense

☐ Work Uniforms / Employment Expense

☐ Wheelchair Ramp / Accessibility Modification

☐ Home Repair (excludes cosmetic)

☐ Essential Appliance Repair or Replacement (Fridge, Stove, washer, dryer and hot water tank. Repair- air conditioner and heat)

Amount Requested: $_____(Max 500 per household per calendar year)

DESCRIPTION OF NEED

Please explain your current hardship and how this assistance will help stabilize your household.

VENDOR INFORMATION

Vendor / Business Name:

Contact Person:

Phone Number:

Address:

Amount Due (if known): $_____

Please attach estimates, invoices, repair quotes, prescriptions, or supporting documentation.

PRIOR ASSISTANCE

Have you or anyone in your household previously received assistance through United for ALICE?

☐ Yes

☐ No

If yes, when? _____

How Much? _____

Have you applied for assistance from another agency for this same need?

☐ Yes

☐ No

If yes, please explain when and how

DOCUMENTATION CHECKLIST

Please provide copies of the following if applicable:

☐ Government Issued Photo ID

☐ Proof of Jefferson County Residency

☐ Proof of Household Income- (W2, 1040, 1099 OR additional by request)

☐ Vendor Estimate or Invoice

☐ Prescription or Medical Documentation (if medical)

☐ Employment Verification- Pay Stubs, Employment offer letter

☐ Other Supporting Documentation

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge.

I authorize United Way of Jefferson County to verify information contained in this application and to contact employers, vendors, service providers, healthcare providers, landlords, or other agencies as necessary to determine eligibility.

I understand that submitting this application does not guarantee assistance.

I understand that approved assistance will be paid directly to vendors or service providers and not to me.

I understand that providing false information may result in denial assistance and may affect future eligibility.

Applicant Signature: _____ Date: _____

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

As a condition of receiving financial assistance through the United Way ALICE Assistance Program ("Program"), the undersigned Applicant/Recipient ("Recipient") acknowledges and agrees as follows:

1. Purpose of Assistance. The Recipient understands that funds provided through the Program are intended solely to assist with approved expenses and that, whenever possible, payments will be made directly by United Way to vendors, contractors, service providers, pharmacies, repair facilities, landlords, utility companies, medical providers, or other approved third parties ("Approved Payees"). No funds are required to be paid directly to the Recipient.

2. No Warranty or Guarantee. The Recipient acknowledges that United Way does not manufacture, sell, provide, install, inspect, supervise, recommend, warrant, or guarantee any goods or services furnished by any Approved Payee. United Way's sole role is to administer Program funds and facilitate payment to Approved Payees on behalf of eligible Recipients.

3. Release of Liability. In consideration of receiving assistance through the Program, the Recipient, on behalf of himself or herself and his or her heirs, personal representatives, successors, and assigns, hereby releases, acquits, and forever discharges United Way, its affiliates, directors, officers, employees, volunteers, agents, funding partners, and representatives from any and all claims, demands, actions, causes of action, damages, losses, liabilities, costs, expenses, or obligations of any nature whatsoever, whether known or unknown, arising out of or related to: approval, denial, amount, timing, or discontinuance of Program assistance; any payment made or not made under the Program; the quality, condition, performance, timeliness, suitability, or effectiveness of any goods or services provided by an Approved Payee; any act, omission, negligence, breach of contract, warranty, or other conduct of any Approved Payee; or any injury, property damage, economic loss, personal loss, or consequential damages arising from goods or services purchased or paid for through the Program.

4. Hold Harmless and Indemnification. The Recipient agrees to defend, indemnify, and hold harmless United Way, its affiliates, directors, officers, employees, volunteers, agents, and representatives from and against any and all claims, liabilities, damages, losses, judgments, costs, expenses, and reasonable attorney's fees arising out of or relating to the Recipient's participation in the Program, disputes with an Approved Payee, use of goods or services purchased through Program funds, or any third-party claim arising from Program assistance.

5. Recipient Responsibility. The Recipient acknowledges that he or she is solely responsible for selecting, accepting, inspecting, and approving any goods or services provided by an Approved Payee and for resolving any disputes directly with the Approved Payee. United Way assumes no responsibility for the actions or omissions of any Approved Payee.

6. No Third-Party Beneficiaries. Nothing contained herein shall be construed as creating any contractual relationship between United Way and any Approved Payee, nor shall any Approved Payee be considered a third-party beneficiary of this Agreement.

7. Voluntary Agreement. The Recipient acknowledges that he or she has read and understands this Release of Liability and Hold Harmless Agreement, has had the opportunity to ask questions regarding its terms, and voluntarily agrees to be bound by its provisions as a condition of receiving Program assistance.

Applicant Signature: _____

Printed Name: _____

Date: _____

OPTIONAL MEDIA RELEASE

I authorize United Way of Jefferson County to use my name, story, testimonial, photograph, or likeness for educational, promotional, fundraising, and reporting purposes.

☐ Yes

☐ No

Applicant Signature: _____

Date: _____