



Date _____

Community Services Block Grant S.T.A.R.S. 2016-17 Application

The Objective of the S.T.A.R.S. Program is to provide comprehensive services designed to help remove low- income households (below 100% of the federal poverty guidelines (see below) from poverty using a comprehensive case management approach. The program will develop and provide supportive services to low-income people that eliminate barriers to self-sufficiency. It will also locate and network with employers, community colleges and other resources that can assist the agency in its pursuit to help implement self-improvement behavior. Success can only take place if you work toward setting and reaching your goals which include staying in contact with your STARS Counselor on a regular basis and following a plan of action.

Applicant Name: _____
Last
First
Middle
Maiden Name (if applicable)

Street Address _____
Street Name
Apt. # /Lot#

_____ City State Zip-code
 Mailing Address (if different): _____

Contact Information: _____ is texting ok? Yes ___ No ___
Phone Number (best #)
Cell Phone Number

Other ways to contact you: _____

What are your goals for the future and how can we help you reach them? Check all apply)

Education ___ Employment ___ Affordable Housing ___ Goal Setting ___ Financial Literacy (budgeting) ___

2017 Poverty Guidelines for the 48 contiguous states & the District Of Columbia	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,180 for each additional person.	
1	\$12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8	41,320

Remember: "Even if you are on the right track, you'll get run over if you just sit there"