



Food Assistance Voucher Program

March 2020

Program Description:

To ensure hardworking individuals and families are able to obtain necessary food to maintain health and wellness, MEO will assist individuals and families experiencing a financial and economic hardship due to layoffs or a reduction in hours associated with COVID-19.

Assistance shall be provided for **no more than once every 30 days and shall end 30 days after** the individual returns to work and/or hours are restored to pre-pandemic status and is limited to availability of funding. The cumulative amount for this assistance shall not exceed \$900 per household. No alcohol or tobacco may be purchased with vouchers.

Eligibility Requirements:

- MUST be a Maui County resident; Identification for ALL household members.
- Proof of household income; pay stubs, self-employment income and expenses, social security, pension/retirement statement.
- Proof of layoff or reduction of hours.

Individuals in the Household	Voucher benefit amount
1-2	\$ 75.00
3-4	\$ 100.00
5-6	\$ 125.00
7+	\$ 150.00

How Do I Apply?

1. Affected individuals and families may contact MEO via email or phone to complete an application.
2. Required documents must be submitted along with the completed application, signed privacy notice acknowledgement to qualify for services in the self-addressed stamped envelope.
3. Documents may be submitted to MEO via mail, email or by phone.

Should there be any questions, please feel free to contact MEO Community Service at (808) 249-2970.

The Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.





**RENTAL ASSISTANCE PROGRAM
(ADDENDUM IN RESPONSE TO COVID-19 PANDEMIC)**

Aloha,

To ensure hardworking individuals and families are able to maintain their current living situation, in addition to the rental program, MEO will assist individuals and families experiencing financial hardship due to the decrease in income and the inability to pay rent due to layoff or reduction in hours.

The following included in this rental packet identifies the required documents to be completed in an effort to determine eligibility. Please provide information for ALL household members.

DOCUMENTS INCLUDED IN RENTAL PACKET:		✓
1	INITIAL APPLICANT INTAKE FORM	
2	PROGRAM CHECKLIST - (Identifies required documents)	
3	NOTICE OF PRIVACY PRACTICE & ACKNOWLEDGMENT FORM	
4	RENTAL PROPERTY INFORMATION/W-9 -(To be completed by landlord)	
5	SELF-ADDRESSED STAMPED ENVELOPE	

Assistance shall be provided for no more than six months or 30 days after returning to work and/or hours restored to pre-pandemic status, whichever is sooner.

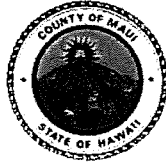
Please return all required copies of documents and signed forms in the provided enclosed self-addressed stamped envelope. MEO will contact you on the qualification status once your application has been received and reviewed based upon availability of funds.

Should there be any questions, please feel free to contact MEO Community Service at (808) 249-2970.

The Promise of Community Action

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.





COMPLETE PAGES 1-4

Community Service General Applications

Dept. ID

<input type="checkbox"/> Childcare <input type="checkbox"/> Farmworker <input type="checkbox"/> Farmworker Dependent	<input type="checkbox"/> Interpretation <input type="checkbox"/> Translation <input type="checkbox"/> Reintegration <input type="checkbox"/> Dental	<input type="checkbox"/> Rental Assistance <input type="checkbox"/> Employment <input type="checkbox"/> Senior Services <input type="checkbox"/> Eyewear	<input type="checkbox"/> Food Assistance <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other Rental Assistance:(Type) Utility, Deposit, Disconnection notice (circle one only)
Name		Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Address		City	State	Zip Code
Mailing Address		Phone Day	Evening	TDD/TTY
Health Insurance <input type="checkbox"/> NO Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Ins. <input type="checkbox"/> State Adult Health Ins. <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown / Not Reported	Race <input type="checkbox"/> White <input type="checkbox"/> Multi-race (2 or more) <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian & Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown / Not Reported <input type="checkbox"/> Other	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> NOT Hispanic, Latino or Spanish origin <input type="checkbox"/> Unknown / Not Reported	Age <input type="checkbox"/> 0-5 <input type="checkbox"/> 55-59 <input type="checkbox"/> 6-13 <input type="checkbox"/> 60-64 <input type="checkbox"/> 14-17 <input type="checkbox"/> 65-74 <input type="checkbox"/> 18-24 <input type="checkbox"/> 75+ <input type="checkbox"/> 25-44 <input type="checkbox"/> Unknown / Not Reported <input type="checkbox"/> 45-54 <input type="checkbox"/> Reported	
Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Disconnected Youth <input type="checkbox"/> Youth 14-24 not working or in school	Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> Unknown / Not Reported	Work Status <input type="checkbox"/> Employed, Full-time <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Employed, Part-time <input type="checkbox"/> Unemployed (6 months or less) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term for more than 6 months) <input type="checkbox"/> Unknown/Not Reported <input type="checkbox"/> Unemployed, (not in labor force)	
Limited English <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Housing <input type="checkbox"/> Own <input type="checkbox"/> Other permanent Housing <input type="checkbox"/> Rent <input type="checkbox"/> Other _____ <input type="checkbox"/> Homeless <input type="checkbox"/> Unknown / Not Reported	
Level of Income See page 3 for gross income declaration		Education Level <input type="checkbox"/> 0-8 <input type="checkbox"/> High School Grad / GED <input type="checkbox"/> 2 to 4 year College graduate <input type="checkbox"/> 9-12/non-graduate <input type="checkbox"/> 12+ some post secondary <input type="checkbox"/> Unknown / Not Reported		

NOTICE OF PRIVACY PRACTICES

September 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures of Health Information

We may use health information about you to determine program eligibility or to obtain payment for service (such as sending billing information to a health insurance plan), for administrative purposes, and to evaluate the quality of service that you receive (such as comparing client data to improve service methods).

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, abuse or neglect reporting, auditing purposes, research studies, workers' compensation purposes, and emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the lobby of each office, and on our Web site. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we may charge you a small fee for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than service, payment, or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice was sent to you electronically, you may obtain a paper copy of the notice.

You may request in writing that we not use or disclose your information for eligibility, payment, or administrative purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency circumstances.

We will consider your request but are not legally required to accept it.



Maui Economic Opportunity, Inc.

P.O. Box 2122

Kahului, HI 96733

808-249-2990 Fax: 808-249-2991

www.meoinc.org

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by calling 808-249-2990, extension 342, or by requesting one at the MEO offices.

Date

Signature

(Print or Type Name)

*As the representative of the above individuals, I acknowledge receipt of the Notice on his or her behalf.

Signature

Relationship

Date