Assistance Related to the COVID-19 Pandemic (self-certification)

This form is required for programs using COVID-19-related funds, including ESG-CV, CARES Act, ERAP, and ARPA funding, for clients self-certifying COVID-related need. Contact CSB with any questions about funding sources for your agency's programs.

A State of Emergency has been declared in the United States and State of Ohio because of the COVID-19 pandemic. There is no person in the country who is not affected by COVID-19. I, like thousands of others across the state, am requesting assistance to pay my rent and utilities in part or in full. One or more members of my household experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.

- ☐ Loss of work/forced work closure/decrease in available hours at work
- ☐ Inability to access or get to work
- ☐ Unpaid wages or other unpaid compensation ordinarily received
- ☐ Increase in childcare costs
- ☐ Forced to take off work because of school closure or childcare changes
- ☐ Forced to take off work to care for a family member
- ☐ Self-quarantined at home under government or medical recommendation
- ☐ Stay at home or shelter in place order by any level of government authority
- ☐ Personal or family member experience of illness, disability, or mental health issues
- ☐ Lack of access or delayed access to healthcare
- ☐ Experience of food insecurity, shortages, or delayed benefits
- ☐ Increase in household expenses because of the pandemic or emergency preparedness
- ☐ One or more members of my household qualify for unemployment benefits.
- ☐ Unemployment assistance unavailable, insufficient, or delayed
- ☐ Emergency assistance unavailable, insufficient, or delayed
- ☐ Loss of social, financial, or health safety net
- ☐ If I pay rent and utilities now, I will not be able to meet my household's basic needs
- ☐ Other _____
  _____

I certify that this statement is true and correct to the best of my knowledge and I authorize the release of information necessary for verification purposes.

Client signature _____ Date _____

If authorization is not in-person: I certify that the client provided verbal authorization of the above certification.

Case manager signature _____ Date _____