



www.centrocampesino.org

ASISTENCIA DE HOGAR **LISTA DE PRE-PLICACIÓN**

Conforme a su solicitud, adjunto encontrado la aplicación de asistencia de vivienda. Los siguientes documentos son requeridos para completar su solicitud. Solicitudes tienen que ser enviadas por correo, **no se aceptaran por fax.** Todas las aplicaciones serán procesadas basado a las reglas del programa.

Por favor no enviar documentos originales. ocupamos fotocopias para mantenerlas con su expediente:

- Identificación (Licencia de conducir o identificación del estado de la Florida) de todos los adultos en el hogar.
- Fotocopias de seguros sociales **de cada persona** que vive en el hogar.
- Forma autorizando a nuestra agencia para coleccionar su información sobre su seguro social (firme y regrese).
La Póliza de Privacidad (firme y regrese).

Comprobante de todos los tipos de ingresos que recibe la familia:

- _ Empleo Copias de 4 talones de cheques más recientes que demuestre lo que ha ganado hasta la fecha
- _ manutención de los hijos = documentos del tribunal/ copias de historial de pago
- _ Seguro Social= Carta indicando beneficios de Seguro Social /actual
- _ Desempleo = Carta de los beneficios de desempleo
- _ pensión = Comprobante de sus beneficios de pensión
- _ Trabajadores de Cuenta Propia = declaración de impuestos Incluyendo la forma C
- _ Asistencia Temporal a Familias Necesitadas (TANF)

Si usted o miembro del hogar esta deshabilitado, es requerido demostrar su comprobarte.

- Comprobante que usted es propietario de la vivienda. Documentos que pueden utilizar son: Factura de sus impuestos, Homestead Exemption o escrituras de su casa, registraci6n si es una casa móvil. No se aceptan los documentos de su hipoteca o comprobante de su seguro de casa como comprobante de que usted es propietario. Si está rentando, el propietario tiene que estar de acuerdo en participar y firmar la forma titulada Landlord Agreement Form y el dueño debe presentar comprobante que es propietario del hogar.
- Copia de su más reciente factura de la luz. Favor de no enviar recibos.

En cuanto su solicitud haya sido llenada y los documentos requeridos hayan sido agregados a su aplicación, **por favor de enviarlos a nuestra oficina principal por correo al:**

Centro Campesino, Inc.
C/O Marixa Figueroa
P.O. Box 343449
Florida City, FL 33034

Correo Electronico: mfigueroa@ccfcfl.org

Si tiene alguna pregunta, por favor de llamar a Marixa Figueroa al (305) 245-7738 Ext. 236 o Carolina Orezzaoli Ext: 235

POR FAVOR AGREGUE SU INGRESO ANNUAL EN BRUTO

EMPLEO\$ _____ RETIRO/PENSION \$ _____ SEGURO SOCIAL\$ _____ DESEMPLEO \$ _____

T.A.N.F. \$ _____ INGRESO SUPLEMENTARIO (SSI) \$ _____ INGRESO TOTAL DE LA FAMILIA \$ _____



POR FAVOR DE ENVIAR SOLICITUDES COMPLETAS A:
 CENTRO CAMPESINO, INC.
 C/O Marixa Figueroa
 PO BOX 343449
 FLORIDA CITY, FL 33034

PRE-APLICACIÓN

NOMBRE: _____ #DE SEGURO SOCIAL (últimos 4 números) _____

#DE TELEFONO: _____ # NUMERO DE TELEFONO ALTERNATIVO: _____

DIRECCION: _____ CIUDAD: _____ CODIGO POSTAL: _____
 DIRECCION DONDE RECIBE CORREO: _____ CIUDAD: _____ CODIGO POSTAL: _____

CONDADO: _____ TED UN VETARANO? SI _____ NO _____
 TRABAJO AGRICOLA ULTIMOS DOS ANOS: SI NO _____ EDAD: _____ FECHA DE NACIMIENTO: _____
 NUMERO TOTAL DE PERSONAS EN EL HOGAR: _____ GENERO: MASCULINO _____ FEMENINO: _____

MIEMBROS DEL HOGAR	FECHA DE NACIMIENTO Y EDAD
1.	
2.	
3.	
4.	
5.	

RAZA:

NEGRO/AFROAMERICANO _____ BLANCO _____ NATIVO AMERICANO _____
 HISPANO / LATINO _____ ASIATICO _____ OTRO:(FAVOR ESPECIFIQUE): _____

TIPO DE HOGAR (SELECCIONE UNO): **INDIQUE # DE MIEMBROS FAMILIARES CON LAS SIGUIENTES CARACTERISTICAS:**

____ PROPIETARIO _____ PERSONAS MAYORES (60 años o más)
 ____ MOBILE _____ DESABILITADO (es requerido enviar comprobante)
 ____ INQUILINO _____ NINOS (menores de 0 a 12 años)

____ PIES QT. _____ . AÑO de Construcción

CANTIDAD TOTAL DE SU CUENTA DE LUZ MESNSUALES: \$ _____ Correo Electrónico: _____

NOBRE DE SU COMPANIA DE LUZ: _____ NUMERO DE CUENTA: _____
 _____ Usted HA SIDO REFERIDO POR EL PROGRAMA DE

LIHEAP? SI _____ NO _____

Por favor ponga sus iniciales:

____ Entiendo que esta es la solicitud inicial y que, para poder completar el proceso, se requiere enviar fotocopias de la identificación y seguro social de la persona considerada cabeza de hogar, seguros sociales de cada persona que vive dentro del hogar, comprobante de pago o ingreso de cada una de las personas que trabajan en el hogar, comprobante o certificado de discapacidad si alguien en mi hogar esta deshabilitado, y copia del último recibo o factura de luz.

____ Yo comprendo que se dará cierta prioridad para recibir los servicios y el lugar en el que estoy en la lista puede ser modificado dependiendo el puntaje de las otras aplicaciones, El puntaje total mío, puede ser ajustado o cambiado basado en los documentos revisados por la agencia.

X _____
 FIRMA DE CLIENTE

 FECHA

POR FAVOR AGREGUE SU INGRESO ANNUAL EN BRUTO

EMPLEO\$ _____ RETIRO/PENSION \$ _____ SEGURO SOCIAL\$ _____ DESEMPLEO \$ _____

T.A.N.F. \$ _____ INGRESO SUPLEMENTARIO (SSI) \$ _____ OTROS\$ _____

INGRESO TOTAL DE LA FAMILIA \$ _____



NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS WEATHERIZATION ASSISTANCE PROGRAM

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Weatherization Assistance Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.

A social security number collected pursuant to this notice can only be used by Centro Campesino, Inc. (subgrantee) for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities.
- If the individual expressly consents to disclosure in writing.
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Weatherization Assistance Program.

Date

Applicant's Signature

**PRIVACY POLICY FOR CLIENTS OF THE YOUTH SERVICES,
O.P.E.N.D.O.O.R.S, EMERGENCY ASSISTANCE AND WEATHERIZATION
ASSISTANCE PROGRAM DEPARTMENTS OF CENTRO CAMPESINO
FARMWORKER CENTER, INC.**

Centro Campesino Farmworker Center, Inc. (CCFC) values your trust and is committed to the responsible management, use and protection of personal identifiable information.

During your application and participation for services from our agency, we accumulate non-public personal information from your intake form as well as other sources such as your income and assets to make informed decision about your eligibility. We restrict access to non-public information about you to employees determining your eligibility and /or processing documents related to your request for services. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

We collect non-public personal information about you from the following sources: (i) information we receive from you on our personal intake form (ii) other agencies or affiliates, and (iii) government agencies or programs which have provided services to you.

To assist you and/or meet our grant guidelines we may disclose the following kinds of non-public personal information about you (i) information we receive from you on our personal intake form or other forms such as your name, address, assets and income (ii) information about your transaction with us and our affiliates.

We may disclose non-public personal information about you to the following types of third parties:

- Affiliate Agencies
- Others such as nonprofit organizations or government agencies who provide funding and/or monitor our compliance with grants and regulatory guidelines.

Non-affiliated parties are entities that are not owned or controlled, in whole or in part, nor are they subsidiaries of Centro Campesino Farmworker Center, Inc. However, these third-party entities are essential to Centro Campesino Farmworker Center, Inc.'s ability to provide services to you.

I am signing here to acknowledge receipt of the above Privacy Policy.

Applicant Signature Date

Co-Applicant Signature Date

If you prefer that we do not disclose non-public personal information about you to non-affiliated third parties, except as required by law, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures required by law). If you wish to opt out of disclosures to non-affiliated third parties, sign the space below.

I wish to opt-out of this disclosure described above.

Applicant Signature Date

Co-Applicant Signature Date



Weatherization Assistance Program

P.O. Box 343449, FL 33034

Telephone (305) 245-7738

**TERMS AND CONDITIONS
CONSENT TO INSPECT**

Access to Residence Conditions:

- I authorize Centro Campesino, Inc. staff, inspectors, contractors and sub-contractors to enter my home as needed to perform energy audits, weatherization work and inspections of weatherization work during business hours and on a reasonable schedule.
- I understand that if there are discrepancies found between information supplied on the application and observed conditions at the home, services will be denied or deferred.
- I agree to allow my home to be photographed (inside and outside) for pre- and post-work documentation.
- I agree and understand that if my home is deemed unsafe or unacceptable for weatherization technicians, contractors or inspectors to perform their duties due to unsafe or dangerous conditions (structural damage, unrepaired sinkholes, etc.), presence of debris, roof leaks, excessive clutter, mold, insect rodent infestation, pets, threat of violence, etc., the project will be postponed until these conditions are corrected. I understand that if the energy audit recommends replacement of air conditioners, heating units, refrigerators and/or water heaters, the contractor will have to remove the existing unit(s) from the property.
- I agree and understand that weatherization activities that will make the home more energy efficient will be performed and that homeowner refusal or HOA disapproval of certain measures will disqualify the home for any services at that time.
- I understand this is not a home rehabilitation program. There may be other measures needed on your home that cannot be addressed due to funding and/or program limitations. All energy saving measures will be taken in accordance with the priority list.
- I am aware that energy-saving measures will be taken to lower the home's utility usage and will not hold Centro Campesino, Inc. liable if these measures do not solve the problem.

My signature verifies:

- ▶
 - The residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure. That the home does not have any unpermitted additions, open permits or currently being remodeled. That I am not aware of any roof leaks.
 - That the home has not been previously weatherized (unless work was completed prior to Sept. 30, 2003). Upon completion of work, I will give permission to the inspectors, weatherization staff, contractors, sub-contractors, Department of Economic Opportunity staff, and federal officials to inspect the work.

I certify the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that I may be fined, imprisoned, or both under state and federal law if I make false statements on the application in order to get benefits, I am not eligible to receive. The Weatherization Assistance Program is free of charge, but I understand that if my home is serviced due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Homeowner Name (printed)

Homeowner Signature

Date:

READ, SIGN & RETURN WITH APPLICATION



Centro Campesino Weatherization Assumption of Risk Waiver

Assumption of the Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious and is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known cure or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Centro Campesino Farmworker Center, Inc. ("Centro Campesino") is committed to preventing the spread of COVID-19 while providing weatherization services to participants in the Florida Department of Economic Opportunity Weatherization Assistance Program. To achieve that end, Centro Campesino has put in place preventative measures to reduce the spread of COVID-19 in accordance with available CDC, Florida Department of Health guidelines, and Executive orders issued in Miami-Dade County. Nevertheless, **Centro Campesino cannot guarantee that you or other members of your household will not be exposed to, contract, or spread COVID-19 by participating in the Weatherization Assistance Program.** Further, allowing workers to enter your home to conduct weatherization services could **increase** your risk of becoming infected with COVID-19.

I have read and understood the above warning concerning COVID-19

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or other members of my household may be exposed to or infected by COVID-19 by participating in the Florida Department of Economic Opportunity Weatherization Assistance Program, and that such exposure or infection may result in illness, injury, disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

I hereby forever release and waive my right to sue Centro Campesino and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the Florida Department of Economic Opportunity Weatherization Assistance Program. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to my household members or myself (including, but not limited to, personal injury, disability, and death), illness damages, loss, claim, liability, or expense, of any kind, that I or other family members may experience or incur in connection with my participation in the Weatherization Assistance Program. I understand that this Assumption of Risk and Waiver of Liability means that I give up my right and my household member's rights to bring any such claims. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Centro Campesino, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Centro Campesino program.

I understand and agree that the law of the State of Florida will apply to this contract

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Client Name:

Signature of Weatherization Program Participants (s)

Date:

Print Name

County

CENTRO CAMPESINO
Programa de asistencia de climatización
Proceso de queja/apelación del cliente

Un solicitante del Programa de Asistencia para la Climatización (WAP) tiene derecho a presentar una queja y/o apelar si:

- No está satisfecho con la prestación del servicio;
- No está de acuerdo con el resultado de su solicitud; o,
- Tiene una queja de servicio al cliente contra un empleado.

1.- El primer paso en el proceso de quejas y apelaciones requiere que el solicitante presente por escrito dentro de los quince (15) días calendario posteriores al incidente, la finalización del trabajo o la recepción de una decisión por escrito. Se debe proporcionar una explicación que detalle la naturaleza del problema específico, el incidente, la queja o el problema con el trabajo realizado y por qué cree que no es satisfactorio o la decisión que se está apelando. La apelación debe enviarse por correo a la atención del **Director del Programa de Climatización** a:

Centro Campesino
CORREOS. Caja 343449
Ciudad de Florida, Florida 33034

2.- El Director del Programa de Climatización revisará su queja o apelación y le brindará una respuesta por escrito por correo certificado dentro de los quince (15) días calendario.

3.- Si no acepta la respuesta anterior, puede apelar al Director Financiero (CFO) por escrito y enviarla a la misma dirección anterior dentro de los quince (15) días calendario posteriores a la recepción de la respuesta.

4.- El director financiero revisará su apelación y le brindará una respuesta por escrito por correo certificado dentro de quince (15) días calendario.

5.- Si no acepta la respuesta anterior, puede apelar al Director Ejecutivo (ED) por escrito y enviarla a la misma dirección anterior dentro de los quince (15) días calendario posteriores a la recepción de la respuesta.

6.- El Director Ejecutivo (ED) revisará su apelación y le brindará una respuesta por escrito por correo certificado dentro de los quince (15) días calendario.

7.- Si no acepta la respuesta anterior, podrá apelar ante la Junta Directiva por escrito y enviarlo a la misma dirección anterior dentro de los quince (15) días calendario siguientes a la recepción de la respuesta.

8.- La Junta Directiva o un Comité de la Junta designado (de la Junta) revisará su apelación y le brindará una respuesta por escrito por correo certificado. La decisión de la Junta es el resultado final del recurso de apelación de Centro Campesino.

CENTRO CAMPESINO
Programa de asistencia de climatización
Proceso de queja/apelación del cliente

9. Si el solicitante ha completado este proceso de apelación y no está satisfecho con la decisión, el solicitante puede proceder enviando una queja escrita al Departamento de Comercio de Florida por correo dentro de los 10 días hábiles a partir de la fecha de Centro Campesino Farmworker Center, Inc. La decisión final.

Departamento de Comercio de Florida,
Programa de asistencia para la climatización
107 E. Madison Street Edificio Caldwell, MSC 400
Tallahassee, Florida 32399

10. El Departamento de Comercio de Florida revisará el asunto con el aporte de cualquier parte involucrada y notificará la decisión tanto al solicitante como al Centro Campesino Farmworker Center, Inc.

11. Si el solicitante no está satisfecho con la conclusión del Estado, puede enviar un escrito denuncia ante el Departamento de Energía de los Estados Unidos.

El objetivo de Centro Campesino es brindar los mejores servicios posibles a nuestros clientes. Creemos en un servicio excepcional y el debido proceso. Le pedimos que nos diga cómo podemos mejorar nuestro servicio y le instamos a seguir el orden de los pasos del proceso de quejas y apelaciones. El incumplimiento de este proceso de apelación puede retrasar una resolución oportuna.

Reconocimiento

Reconozco que he recibido el Proceso de Apelaciones y Quejas de Clientes de Centro Campesino y que, en caso de disputa, acepto seguir los pasos del Proceso de Apelaciones. No seguir los pasos del proceso puede afectar la resolución final de la disputa.

Nombre

Firma

Fecha

*El Centro Campesino Farmworker Center está operando como Centro Campesino.