

Talbot County, Maryland
CARES Individual Assistance Program

APPLICATION

Head of Household Name: _____

Residential Address _____

Mailing Address _____

Phone _____ **Email** _____

Household Size _____ **Race:** _____ **Hispanic or Non-Hispanic**

Referred by **NSC** **SVdP** **Other:** _____

List All Members of Household (Name, Date of Birth and Social Security Number), including Head of Household listed above:

Name _____ **D.O.B.** _____ **SS#** _____

Name _____ **D.O.B.** _____ **SS#** _____

Name _____ **D.O.B.** _____ **SS#** _____

Name _____ **D.O.B.** _____ **SS#** _____

Has your household been negatively affected by the COVID-19 public health emergency between March 16, 2020 and December 30, 2020? _____

Have your work hours been reduced, or have you been laid off from your job between March 16, 2020 and December 30, 2020 due to the COVID-19 public health emergency? _____

Are you currently receiving Unemployment Compensation as a result of the COVID-19 public health emergency? _____

Household Need(s)

Amount Requested \$ _____

By signing this application, I affirm that the information provided is truthful and accurate. I understand that any payments made directly to me or a member of my household may be taxable income and will be reported to the IRS at the end of the calendar year. I give my permission for my application and related information to be shared with Talbot County Department of Social Services, Neighborhood Service Center, St Vincent de Paul and Talbot County Government as needed for the purposes of determining eligibility and processing payment.

Signature: _____ **Date:** _____

PLEASE SEE OTHER SIDE FOR INSTRUCTIONS

INSTRUCTIONS FOR SUBMITTING APPLICATIONS:

Applications may be submitted as follows

Mailed to or placed in the drop box at:

Talbot County Department of Social Services
301 Bay Street, Unit 5
Easton, MD 21601

****** Faxed to 410.820.7117

****** Emailed to talbot.customer@maryland.gov

With questions, please call 410.820.4347 and leave a message. Your call will be returned.

****** If you **fax or email** this application to Talbot County Department of Social Services, please mail the original application with original signature to:

Denitsa Myers, Assistant Finance Director
Talbot County, Maryland
11 N. Washington Street, Ste 9
Easton, MD 21601

Email: dmyers@talbotcountymd.gov

Phone: 410.770.8024

TCDSS/County Office Use Only

Residency Verified Yes No _____
Type of Verification

Income Verified Yes No _____
Type of Income

Referral needed for additional services Yes No

Referred to: _____

Amount submitted for payment \$ _____

Vendor Information (have vendor complete W-9):

Name: _____

Mailing Address:

Social Security Number or EIN# of Vendor _____

Verifying TCDSS Worker Signature: _____ **Date:** _____

County Approved: Yes No **Amount:** _____

County Signature: _____ **Date:** _____