Talbot County, Maryland

CARES Individual Assistance Program

APPLICATION

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 Heathousehold listed above: 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 16, 2020 and December 30, 2020? Have your work hours been reduced, or have you been laid off from your job between March 16, 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	Mailing Address Email	Head of Household Name:										
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 S\$#	Residential Address										
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	Signature: Date:	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						
					pe of Verification			
Income Verified	Yes	No						
				Ту	rpe 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 Wo	rker Sig	gnature:			Date:			
County Approved:		Yes	No	Amoun	t:			
County Signature:					Date:			

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