

THROUGH THESE DOORS WALK ONLY THE FINEST PEOPLE – THE CITIZENS OF ESCAMBIA COUNTY. DECISIONS ARE MADE IN THIS ROOM AFFECTING THE DAILY LIVES OF OUR PEOPLE. DIGNIFIED CONDUCT IS APPRECIATED.

CHAMBER RULES

1. IF YOU WISH TO SPEAK, YOU WILL BE HEARD.
2. YOU MUST SIGN UP TO SPEAK. SIGN-UP SHEETS ARE AVAILABLE AT THE BACK OF THE ROOM.
3. YOU ARE REQUESTED TO KEEP YOUR REMARKS BRIEF AND FACTUAL.
4. BOTH SIDES ON AN ISSUE WILL BE GRANTED UNIFORM/MAXIMUM TIME TO SPEAK.
5. DURING QUASI-JUDICIAL HEARINGS (I.E., REZONINGS), CONDUCT IS VERY FORMAL AND REGULATED BY SUPREME COURT DECISIONS.
6. SEE ORDERLY CONDUCT OF MEETINGS. POLICY.

**PLEASE NOTE THAT ALL BCC MEETINGS ARE RECORDED AND TELEVISED**

AGENDA

Board of County Commissioners

Special Meeting –June 11, 2015– 9:01 a.m.

Ernie Lee Magaha Government Building – First Floor

1. Call to Order.

**(PLEASE TURN YOUR CELL PHONE TO THE VIBRATE, SILENCE, OR OFF SETTING)**

2. Was the Meeting Properly Advertised?
3. Are there any items to be added to the agenda?

Recommendation: That the Board adopt the agenda as prepared **(or duly amended)**.

4. Recommendation Concerning the Revised Last Resort Form Included as Part of the Application Packet for the Low Income Direct Emergency Assistance Program - Marilyn D. Wesley, Community Affairs Department Director

That the Board take the following action:

A. Approve the revised "Last Resort Form" that is included in the Application Packet for qualified residents to meet eligibility criteria for approval to receive one-time emergency assistance through the Low Income Direct Emergency Assistance Program (LIDEAP); and

B. Authorize the Office of the Clerk of the Circuit Court to process the applicants that have been processed up to May 31, 2015, to receive emergency assistance, due to the inconsistency of the current "Last Resort Form."

[Funding Source: Fund 102 - Economic Development, Cost Center, 360704]

5. Adjourn



**BOARD OF COUNTY COMMISSIONERS**  
Escambia County, Florida

**Special BCC Meeting**

4.

**Meeting Date:** 06/11/2015

**Issue:** Low Income Direct Emergency Assistance Program (LIDEAP) Last Resort Form Revision

**From:** Marilyn D. Wesley, Department Director

**Organization:** Community Affairs

**CAO Approval:**

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**Information**

**RECOMMENDATION:**

Recommendation Concerning the Revised Last Resort Form Included as Part of the Application Packet for the Low Income Direct Emergency Assistance Program - Marilyn D. Wesley, Community Affairs Department Director

That the Board take the following action:

A. Approve the revised "Last Resort Form" that is included in the Application Packet for qualified residents to meet eligibility criteria for approval to receive one-time emergency assistance through the Low Income Direct Emergency Assistance Program (LIDEAP); and

B. Authorize the Office of the Clerk of the Circuit Court to process the applicants that have been processed up to May 31, 2015, to receive emergency assistance, due to the inconsistency of the current "Last Resort Form."

[Funding Source: Fund 102 - Economic Development, Cost Center, 360704]

**BACKGROUND:**

The LIDEAP Program is designed to assist the emergency needs of residents of Escambia County by providing limited one-time financial assistance in crisis situations when no other resource is available or accessible. The program is a temporary emergency assistance and is not ongoing public assistance. It is a program of last resort for the existence of the program.

This request for Board approval of the revised "Last Resort Form" will enable applicants that apply to the program for assistance to meet program eligibility guidelines. The revised Last Resort Form supersedes the previous Last Resort Form.

The current "Last Resort Form" restricts and limits persons applying to the program for assistance to receive emergency assistance. Some of the categories on the current form are not applicable to those applying for assistance and states that "all" agencies/organizations listed on the form must be contacted. It clearly does not provide any options for the individual requesting emergency assistance.

**BUDGETARY IMPACT:**

N/A

**LEGAL CONSIDERATIONS/SIGN-OFF:**

N/A

**PERSONNEL:**

This program was implemented with current staff within the Department of Community Affairs in April 2015.

**POLICY/REQUIREMENT FOR BOARD ACTION:**

This form will replace an existing version previously approved by the Board on April 9, 2015.

**IMPLEMENTATION/COORDINATION:**

Upon Board approval of this replacement document, applications for assistance will include the revised form and information for prospective applicants to use as a guide when individuals are seeking emergency assistance.

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**Attachments**

Previous LIDEAP Last Resort Form  
LIDEAP Program Application Revised  
2015 Poverty Guidelines

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Escambia County Board of County Commissioners  
 Department of Community Affairs  
 Low Income Direct Emergency Assistance Program (LIDEAP)

**LAST RESORT FORM**

Certain information contained on this form is a matter of public record and is subject to disclosure. Any false statement made or given in this application may result in denial of services as well as possible criminal prosecution.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Residing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I am requesting emergency assistance payment as a last resort. I realize that I must have made application to all of the following resources and have received funds for payment or have been denied funds for payment in 20\_\_\_\_ prior to making an application to this program.

Agency	Request Date	Approved Date	Amount Approved	Denial Date	Amount Denied	Status Pending Y/N
Catholic Charities of NWFL Pensacola						
Community Action Program						
Families Count for Veteran Families						
Salvation Army						
Tender Hearts, Caring Hands (Olive Baptist Church)						
Samaritan Hands (First Baptist Church)						
United Ministries						
Department of Children and Families (DCF)						

If you have been denied, please list name of agency and reason for denial:

Agency	Assistance Requested	Denial Date	Reason

Applicant's Signature: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



ESCAMBIA COUNTY, FL

**LOW INCOME DIRECT EMERGENCY ASSISTANCE PROGRAM (LIDEAP)**

Department of Community Affairs

221 S. Palafox Place Pensacola, FL 32502

(850) 595-3130 (OFFICE) • (850) 595-3134 (FAX)



**ELIGIBILITY REQUIREMENTS**

The Low Income Direct Emergency Assistance Program (LIDEAP) is designed to meet the critical needs of residents of Escambia County, FL by providing financial assistance with rent/mortgage, utilities/fuel, food and medication. The Applicant must meet qualifying guidelines for households who are faced with financial difficulties due to unforeseen circumstances. Applicants must show that they have insufficient resources to meet their need and the household income must meet the 200% Poverty Guideline.

**PROGRAM REQUIREMENTS:**

- Applicant must provide valid photo ID
- Proof of residence if different from valid photo ID
- Applicant must provide Social Security cards for all household members
- Must provide verification of income for all household members 18yrs. and older for the past 30 days (Wage earnings, Social Security Benefits, Child Support Payments, VA Benefits, Retirement, Annuity, TANF, Unemployment Compensation Benefit, Income Tax Refunds)
- Must complete Financial Hardship Declaration Form, if unemployed
- Total household income may not exceed 200% Poverty Guidelines
- Must be a current resident of Escambia County, FL
- Must be a legal citizen of the U S

**Applicant(s) must provide the following for utility bill or rent/mortgage payment:**

- Applicant must be currently residing at the address listed on utility bill
- Must present most current utility bill of residing address with amount due
- Must complete Renter's Resident Verification Form, if applicable
- Must produce verification of home ownership from Property Appraiser or Clerk of Court, if applicable

**NOTE: This is a program of last resort and available for a one-time event during the existence of the program. The Program will not assist with deposits for new addresses. Charges resulting from illegal activities, such as meter tampering or returned check fees will be responsibility of the customer and will not be covered by this program.**

**Applicant (s) must provide the following for food voucher or prescription medication request:**

- Written proof of food assistance denial from Florida Department of Children & Families (DCF)
- Vendor medication invoice

**NOTE: PLEASE COMPLETE ALL FORMS AS REQUIRED. Incomplete applications will not be considered.**

**Approved applicants will receive financial assistance up to a total maximum of \$500 for energy bill, medication or food assistance and a total maximum of \$700 for rent or mortgage payment.**

Payments to the vendor (not the applicant) will be made by the office of the Escambia County Clerk of the Circuit Court.

**APPLICANTS ARE SEEN BY SCHEDULED APPOINTMENTS ONLY, **NO WALK-INS.****

ESCAMBIA COUNTY, FL  
Low Income Direct Emergency Assistance Program (LIDEAP)  
Department Of Community Affairs



## Program Application Instructions

Please complete all forms thoroughly and provide all information and documentation requested in order to be considered for approval for services.

- Request for Assistance Form
- Program Application (**Requires Notary Sign-off**)
- Financial Hardship Form, if applicable (**Requires Notary Sign-off**)
- Renter's Verification Form, if applicable (**Requires Notary Sign-off**)
- Proof of Residence Form, if address is different from valid ID (**Requires Notary Sign-off**)
- Proof of ownership, if applicable (House, condominium, trailer, camper)
- Last Resort Form
- Copy of most current utility bill(s) or rent/mortgage statement for residing address with amount due, if applicable
- Copy of denial for food assistance from Department of Children and Families (DCF), if applicable
- Invoice from pharmacy of cost of prescribed medication, if applicable
- Verification of income for all household members 18yrs. and older for the past 30 days

Applicant must provide valid State ID. Social Security Cards for all household members must be presented. **NOTE: BIRTH CERTIFICATES OR VALID VOTER REGISTRATION CARDS MAY BE USED IN LIEU OF A VALID FLORIDA ID.**

If applicant or any household member that does not have most current employment check stub, they may present a letter from the employer (on company letterhead) with the employer's full name, address and telephone number verifying the applicant's work hours and gross pay for the past 30 days.

Once the application packet is complete and submitted, it will be reviewed and validated by the designated staff for consideration for approval.

**NOTE: Please complete all forms required. Incomplete program application forms will not be considered.**

**APPLICANTS ARE SEEN BY APPOINTMENT ONLY. NO WALK-INS.**

**For appointments or questions, please call (850) 595-3130.**



ESCAMBIA COUNTY, FL  
**Low Income Direct Emergency Assistance Program (LIDEAP)**



Department of Community Affairs  
 221 S. Palafox Place  
 Pensacola, FL 32502

(850) 595-3130 • (850) 595-3134 (FAX)

**Request for Assistance Form**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

	<u>Check One</u>	<u>Amount Requested</u>	<u>Amount Owed</u>
Gulf Power (Electricity)	_____	_____	_____
Pensacola Energy (Gas)	_____	_____	_____
Emerald Coast Utility Authority (Water)	_____	_____	_____
Propane Company Name: _____	_____	_____	_____
Rent/Mortgage	_____	_____	_____
Prescription Medication	_____	_____	_____
Food Assistance Voucher	_____	_____	_____

Detailed explanation for request:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For Office Use Only:**

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved:	Denied:	Reason for denial:	Date:
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Department Representative's Signature: \_\_\_\_\_









ESCAMBIA COUNTY, FL  
 Low Income Direct Emergency Assistance Program (LIDEAP)  
 Department of Community Affairs  
 221 S. Palafox Place  
 Pensacola, FL 32502  
 (850) 595-3130  
 (850) 595-3134 (FAX)

**FINANCIAL HARDSHIP FORM**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Name Date of Birth Social Security Number

\_\_\_\_\_  
 Address City State Zip Code Cell phone #

attest that I currently do not have, nor have I received income of any sort within the last thirty (30) days of this application. The last income received by me or anyone residing with me at the residence mentioned above was \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
 Date

**INCOME INFORMATION**

Presently, my daily living needs are taken care of by: \_\_\_\_\_

I cannot provide documentation of my income because (if applicable): \_\_\_\_\_

Additional information regarding my income (optional): \_\_\_\_\_

**CERTIFICATION**

\_\_\_\_\_  
 Printed Name Signature/Date

**NOTARY**

The forgoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 by \_\_\_\_\_. He/She is personally known to me, or  
 presented \_\_\_\_\_ as identification.

Notary  
 Seal

\_\_\_\_\_  
 Signature of Notary

\_\_\_\_\_  
 Printed Name of Notary





## Proof of Residency Form

This serves as verification of my current residence. I certify that I, \_\_\_\_\_  
Print Name  
presently live at \_\_\_\_\_,  
Street Address Apt. City, State, Zip

and that I have lived at this address for \_\_\_\_\_ months/years

I, further certify that the above information is true and accurate. Any false statement made or given in this application may result in denial of services as well as possible criminal prosecution. Certain information contained on this form is a matter of public record and is subject to disclosure.

### CERTIFICATION

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTARY

The forgoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.  
He/She is personally known to me, or presented \_\_\_\_\_ as identification.

Seal of Notary

Printed Name of Notary

Signature of Notary





**ESCAMBIA COUNTY, FL**  
**Low Income Direct Emergency Assistance Program**  
**(LIDEAP)**

Department of Community Affairs  
 221 S. Palafox Place  
 Pensacola, FL 32502  
 (850) 595-3130  
 (850) 595-3134 FAX

**RENTER'S RESIDENT VERIFICATION FORM**

I, \_\_\_\_\_, has been a resident since \_\_\_\_\_ of property located at:  
 Name

Address (Street Number & Name, RFD, Apt. Number, or Lot Number) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

He/She pays \$ \_\_\_\_\_ for monthly rent.

**HOUSEHOLD INFORMATION**

The following individuals are authorized residents:


**CERTIFICATION**

\_\_\_\_\_  
 Landlord's Printed Name

\_\_\_\_\_  
 Landlord's Signature/Date

\_\_\_\_\_  
 Work Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Home Phone

**NOTARY**

The forgoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 by \_\_\_\_\_. He/She is personally known to me, or  
 presented \_\_\_\_\_ as identification.

Notary  
 Seal

\_\_\_\_\_  
 Signature of Notary

\_\_\_\_\_  
 Printed Name of Notary



## LAST RESORT FORM

Certain information contained on this form is a matter of public record and is subject to disclosure. Any false statement made or given in this application may result in denial of services as well as possible criminal prosecution.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Residing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I am requesting emergency assistance payment as a last resort. At this time, I am unable to meet my obligation due to a financial crisis. I realize that if approved, this is one-time financial assistance and is not on-going public assistance.

Please list community agencies and/or organizations where you have sought emergency assistance previously.

**A-approved** – You were approved and received services from agency/organization(s)

**D-denied** – You were **not** approved and did not receive services from agency/organization(s)

**E-funds exhausted** – Agency/organization has exhausted their program funds for the term

**U-unable to apply** – You were unable to apply to the agency/organization due to but not limited to:

- Application time period has passed
- Left repeated messages on voicemail (no returned calls)
- Criteria limitations (Veterans only, zip code restrictions, must have children living in household, age restrictions, no income household, etc.)

Agency/organization	Requested assistance	Date	A-approved D-denied E-funds exhausted U-unable to apply

Applicant's Signature: \_\_\_\_\_

**Please see listing of suggested community resources on back page that may be able to provide assistance.**



**COMMUNITY RESOURCES FOR UTILITY ASSISTANCE  
Escambia County**

<b>Agency</b>		<b>Phone</b>	<b>Energy</b>	<b>Water</b>	<b>Gas</b>
<b>Catholic Charities</b>	(Monday 9-11am only)	(850) 436-6425	X	X	X
<b>Community Action Program (CAP)</b>		1-844-356-8139 (energy) (850)-438-4021 (gas)	X	X	X
<b>Council On Aging</b>	Adults 60+yrs. and older	(850) 494-7100	X	X	X
<b>Myrtle Grove Baptist Church</b>	For residents in zip code area 32506 only	(850)-455-7389	X	X	X
<b>Salvation Army</b>	Working poor	(850) 432-1501	X	X	X
<b>Samaritan Hands</b>	\$125 cap, resident must pay balance	(850) 438-8907	X	X	X
<b>Tender Hearts Caring Hands</b>	No income household	(850) 473-4466	X	X	X
<b>United Ministries</b>	Must have children residing in the household	(850) 433-2333	X	X	X
<b>90 WORKS for Veterans</b>	Veterans only	(850) 619-5899	X	X	X

**COMMUNITY RESOURCES FOR HOUSING PAYMENT ASSISTANCE  
Escambia County**

<b>Agency</b>		<b>Phone</b>	<b>Rent</b>	<b>Mortgage</b>
<b>Catholic Charities</b>	(Monday 9-11am only)	(850) 436-6425	X	
<b>Tender Hearts Caring Hands</b>	Must have children residing in HH	(850) 473-4466	X	
<b>United Ministries</b>	Must have children residing in HH	(850) 433-2333	X	X
<b>Florida Hardest Hit Program</b>		(877) 863-5244		X

# 2015 POVERTY GUIDELINES

ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

## ANNUAL GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE										
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%
1	11,770.00	14,124.00	15,654.10	15,889.50	16,478.00	17,066.50	17,655.00	20,597.50	21,774.50	23,540.00	29,425.00
2	15,930.00	19,116.00	21,186.90	21,505.50	22,302.00	23,098.50	23,895.00	27,877.50	29,470.50	31,860.00	39,825.00
3	20,090.00	24,108.00	26,719.70	27,121.50	28,126.00	29,130.50	30,135.00	35,157.50	37,166.50	40,180.00	50,225.00
4	24,250.00	29,100.00	32,252.50	32,737.50	33,950.00	35,162.50	36,375.00	42,437.50	44,862.50	48,500.00	60,625.00
5	28,410.00	34,092.00	37,785.30	38,353.50	39,774.00	41,194.50	42,615.00	49,717.50	52,558.50	56,820.00	71,025.00
6	32,570.00	39,084.00	43,318.10	43,969.50	45,598.00	47,226.50	48,855.00	56,997.50	60,254.50	65,140.00	81,425.00
7	36,730.00	44,076.00	48,850.90	49,585.50	51,422.00	53,258.50	55,095.00	64,277.50	67,950.50	73,460.00	91,825.00
8	40,890.00	49,068.00	54,383.70	55,201.50	57,246.00	59,290.50	61,335.00	71,557.50	75,646.50	81,780.00	102,225.00

For family units of more than 8 members, add \$4,160 for each additional member.

## MONTHLY GUIDELINES

FAMILY SIZE	PERCENT OF POVERTY GUIDELINE										
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%
1	980.83	1,177.00	1,304.51	1,324.13	1,373.17	1,422.21	1,471.25	1,716.46	1,814.54	1,961.67	2,452.08
2	1,327.50	1,593.00	1,765.58	1,792.13	1,858.50	1,924.88	1,991.25	2,323.13	2,455.88	2,655.00	3,318.75
3	1,674.17	2,009.00	2,226.64	2,260.13	2,343.83	2,427.54	2,511.25	2,929.79	3,097.21	3,348.33	4,185.42
4	2,020.83	2,425.00	2,687.71	2,728.13	2,829.17	2,930.21	3,031.25	3,536.46	3,738.54	4,041.67	5,052.08
5	2,367.50	2,841.00	3,148.78	3,196.13	3,314.50	3,432.88	3,551.25	4,143.13	4,379.88	4,735.00	5,918.75
6	2,714.17	3,257.00	3,609.84	3,664.13	3,799.83	3,935.54	4,071.25	4,749.79	5,021.21	5,428.33	6,785.42
7	3,060.83	3,673.00	4,070.91	4,132.13	4,285.17	4,438.21	4,591.25	5,356.46	5,662.54	6,121.67	7,652.08
8	3,407.50	4,089.00	4,531.98	4,600.13	4,770.50	4,940.88	5,111.25	5,963.13	6,303.88	6,815.00	8,518.75

Produced by: CMCS/CAHPG/DEEO