



COMMUNITY OF FAITH UNITED REFERRAL DISCLOSURE

The purpose of the Community of Faith United (COFU) self-reliance program is to assist those who are truly in need and wish to become self-reliant. You are being referred to COFU because you expressed a need for services.

Services are provided to **all who wish to become self-reliant**, without discrimination regardless of sex, age, race or religion.

Assistance may be accomplished by offering to connect you with a mentor who will work with you for up to one year, to establish goals and guide you with resources that will help you reach your established goals.

This referral is for _____ this _____ of _____ 201__
Client

And is being referred by _____ organization (# _____)
Church or Organization

Signed _____ phone _____
Church or Organization Representative

E-mail (optional) _____

Starting on the 1st April 2010 all clients applying to join one of COFU's programs will be required to provide proof of earnings when they attend their first visit. Proof of earnings can be confirmed through a bank statement, unemployment benefit letter, Social Security letter. Proof of earnings needs to be provided for each household member applying for a COFU program.

Proof of earnings for all benefits will be based on your household income at 185% of federal poverty level or less:

Household size	Gross Monthly Income
1	\$1,604
2	\$2,158
3	\$2,714
4	\$3,269
5	\$3,824
6	\$4,379
7	\$4,934
8	\$5,489
Each Additional Person	\$ 555

If you currently receive public assistance through TANF (Temporary Assistance for Needy Families, LEAP (Low Income Energy Assistance, Food Stamps or Medicaid) bring in your letter confirming these benefits.