

Determining assistance: What to know about Eligibility, Funding and Duration

Our Mission is to empower and partner with individuals and communities to alleviate the hardships of poverty, provide opportunities to thrive, and eliminate root causes of poverty in southeastern Vermont.

SEVCA's Family Services team strives to provide sustainable solutions to those in crisis, as well as ongoing support, for the best possible results. Services are client-centered and strength-based and are delivered with dignity, care and respect.

Services we provide include navigation, information and referral, mediation, and ongoing supportive services.

Some program participants will request or may be eligible for financial assistance. And it is important to know that not all applicants/program participants request or receive financial assistance.

In order to determine an applicant's eligibility for assistance based on a consistent and fair assessment, SEVCA's Family Services workers consider a variety of factors including (but not limited to):

- Availability of funds
- Fund/grant eligibility requirements
- Client ability to contribute
- Path to self-sufficiency

SEVCA does not discriminate based on sex, race, color, national origin, immigration status, religion, familial status, marital status, age, sexual orientation, gender identity, disability, or receipt of public assistance.

Finally, applicants can appeal any decision in writing by emailing SEVCA's Family Services Program Director, Pat Burke, at pburke@sevca.org or mailing an appeal to:

SEVCA
 Attn: Pat Burke
 91 Buck Drive
 Westminster, VT 05158.

Serving Windham
 & Windsor Counties

CRISIS INTERVENTION

FUEL ASSISTANCE

FINANCIAL FITNESS

FOOD STAMP

OUTREACH

HEAD START

HOME REPAIR

HOMELESSNESS

PREVENTION

HOUSING ASSISTANCE

JOB READINESS

MATCHED SAVINGS

ACCOUNTS

MICRO BUSINESS

SUPPORT

THRIFT STORES

VOLUNTEER INCOME TAX

ASSISTANCE

WEATHERIZATION

WORKFORCE

DEVELOPMENT

91 Buck Drive
 Westminster
 Vermont 05158
 802.722.4575
 800.464.9951
 Fax 802.722.4509
sevca@sevca.org
www.sevca.org

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Release of Information

I, _____ give my permission to authorized staff of SEVCA to share relevant information about my circumstances with other service providers, utilities, landlords or other entities necessary to enable me to receive assistance; as well as other SEVCA programs, such as Weatherization, Emergency Home Repair, Windsor County Head Start, and Economic Development to ensure that maximum resources and supports are made available to me.

I give permission to SEVCA staff to obtain access to records, in either paper or electronic form, and/or to release information to other parties which may be helpful in resolving the current, or any future situation.

I understand that I may receive automated text messages or phone calls from SEVCA to inform me about programs and opportunities. I can opt out anytime by replying STOP to the message.

Opt-in ☐ Opt-out ☐

Exception(s): I do not authorize sharing my information with the following:

I understand that this permission may be cancelled by me in writing at any time.

Signature of person granting permission

Date

Unless otherwise stated or withdrawn, this permission will be good for a period of one year from the date of my signature.