WYO HELP

NEWARC CSBG REQUIRED DOCUMENTS PACKET

For CSBG housing assistance administered by the North East Wyoming Advocacy & Resource Center in Crook and Weston Counties

IMPORTANT - ONLINE REGISTRATION IS PREFERRED	The **empowOR Client Basic Information** paper form only needs to be completed when using paper is more convenient than entering the same basic household information through the digital registration portal. Do not require both.

Who this packet is for

This packet applies to income-eligible NEWARC clients in Crook or Weston County who are survivors of domestic violence, sexual assault, stalking, or human trafficking and are requesting an approved CSBG housing-stabilization service.

How to use this packet

Use this checklist to assemble the client file and the documentation supporting each payment request. Collect only what is necessary for eligibility, need, allowability, payment, and reporting. Submission does not guarantee assistance; all services depend on eligibility, approval, and available funding.

1. Required for every applicant

- ■ Digital empowOR registration **or** the enclosed paper empowOR Client Basic Information form.
- ■ Completed and signed Client Acknowledgement Form.
- ■ Completed and signed Client Income Certification and supporting income documentation for every household member age 18 or older, covering at least the most recent 30 days; or the zero-household-income declaration when applicable.
- ■ Proof that the applicant resides in Crook or Weston County, when the address is not adequately established by other current documentation.
- ■ A case note describing the need, requested service, amount, and how the service supports housing stability, health, safety, or self-sufficiency.
- ■ A third-party bill, invoice, statement, estimate, lease, or receipt identifying the client, vendor/payee, service or item, and amount.
- ■ The applicable CSBG service and outcome entered in empowOR, including service date and amount when required.

2. Required for every payment recipient

- ■ Current W-9 on file before payment is issued.
- ■ Payee name and mailing address for check payment, or separate ACH authorization and banking information if ACH is requested.
- ■ Confirmation from the applicant or payment recipient that the expense has not already been paid or committed by another organization, program, insurance source, or other funding source.
- ■ After payment: check copy, electronic payment confirmation, paid vendor receipt, or equivalent proof showing the payee and amount.

3. Service-specific documentation

Rent payment

- Completed landlord payment request using the online NEWARC form or the enclosed matching paper form.
- Current lease or other verification of tenancy.
- Rent ledger, eviction notice, or landlord statement showing the rental period and amount currently due.

Rental or security deposit

- Proposed lease, approval to rent, or landlord statement identifying the unit, deposit amount, and anticipated move-in date.
- Verification that the deposit will be applied to the identified client and unit.

Mortgage payment

- Current mortgage statement showing borrower, property address, payment due date, delinquency status, and amount required to avoid foreclosure or restore the account.

Utility payment or utility deposit

- Current utility bill, shutoff notice, account statement, or utility-provider estimate showing client name, service address, account information, amount due or deposit required, and applicable due or shutoff date.

Temporary housing

- Lodging quote, invoice, or statement showing guest, dates, nightly rate, taxes/fees, and total.
- Case note explaining the immediate safety or housing need and the approved length of stay.

Other approved housing stabilization

- Invoice, estimate, agreement, or third-party statement identifying the client, housing-related item or service, vendor/payee, and amount.
- Case note documenting how the expense supports safe, stable housing and confirming that it is within NEWARC's approved CSBG scope before payment.

Privacy and file quality

Keep documents legible, current, and tied to the correct client and payment. Do not place W-9 information, banking information, diagnoses, prescriptions, clinical notes, or treatment records in the landlord form. Retain sensitive documents only in approved secure systems and locations.

WYO HELP

NEWARC - LANDLORD PAYMENT REQUEST

Complete this form only when NEWARC asks for landlord payment information for an eligible client in Crook or Weston County. The completed form goes to NEWARC. Submission does not guarantee payment.

W-9 REQUIRED BEFORE PAYMENT	A current W-9 must be on file before payment can be issued. W-9 and ACH banking information are handled separately and must not be entered on this form.

1. Administering organization

■ NEWARC - Crook & Weston Counties

2. Tenant and rental information

Tenant First Name *

Tenant Last Name *

Rental Street Address *

City *

State

ZIP Code *

County *

Crook or Weston

Type of Home

Rent Due Date *

Rental Period Covered

Example: September 2026 rent

Amount Due *

Amount needed to prevent eviction or bring current

If Paid, Rent Will Be Current Through

NEWARC - LANDLORD PAYMENT REQUEST

3. Landlord or property manager

Landlord or Property Manager Name *

Business or Property Management Company

Phone *

Email *

4. Payment information

Is a current W-9 already on file? *

■ Yes - current W-9 is on file

■ No - W-9 needs to be provided

■ Unsure

Preferred payment method *

■ Check

■ ACH if authorized and on file

5. Duplicate assistance certification

■ I certify that, to the best of my knowledge, the amount requested on this form does not duplicate assistance already received or committed from another organization, program, insurance source, or other funding source.

6. Landlord certification and signature

By signing below, I certify that the information provided is true and accurate and authorize verification of the tenancy, amount due, rental period, and other information necessary to review this payment request.

Printed Name *

Title / Relationship to Property

Example: Owner or Property Manager

Signature *

Signature Date *

Online option

The same landlord information may be submitted online through the NEWARC Landlord Payment Request page at **wyohelp.com**. Use either the online form or this paper form - not both.

PACKET CONTENTS

STATE FORMS INCLUDED WITHOUT MODIFICATION

The following Wyoming Department of Health / Community Services Program forms are appended exactly as provided:

- Client Acknowledgement Form
- Client Income Certification & Declaration of Zero Household Income
- empowOR Client Basic Information (paper alternative to digital registration)

Reminder

The empowOR Client Basic Information paper form is optional when the client has completed or will complete the digital registration. It should be used only when paper completion is more convenient. The Client Acknowledgement and Client Income Certification forms remain required as applicable.

Wyoming Department of Health | PUBLIC HEALTH DIVISION | RURAL AND FRONTIER HEALTH

WYOMING DEPARTMENT OF HEALTH COMMUNITY SERVICES PROGRAM

122 West 25th Street, Suite 102E, Cheyenne, WY 82002
(307) 777-8940

CLIENT ACKNOWLEDGEMENT FORM

Notice of Privacy Practices:	☐	I have the right to a copy of the Notice of Privacy Practices, which describes how WDH may use and disclose my protected health information. A copy of this notice is available upon request and can be found on the Wyoming Department of Health website at https://health.wyo.gov/admin/privacy/notice-privacy-practices/.
Child Support Enforcement Information:	☐	I understand that if I am a custodial parent, I may be eligible for child support services, and I will be provided a referral to the local child support offices upon request.
Information Sharing:	☐	I understand that the information I provide will be accessible to CSBG-funded programs and their staff members.
Referrals:	☐	I understand that if/when I request a referral, my name, address, date of birth, email, phone number, and the service requested will be provided to the agency receiving the referral.

Signature: _____

Date: _____

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CLIENT INCOME CERTIFICATION &

DECLARATION OF ZERO HOUSEHOLD INCOME

Notice of Privacy Practices:

You have the right to a copy of the Notice of Privacy Practices, which describes how WDH may use and disclose your protected health information. A copy of this notice is available upon request and can be found on the Wyoming Department of Health website at https://health.wyo.gov/admin/privacy/notice-privacy-practices/.

Select One

Income Certification:

☐ Income for all household members over the age of 18 has been provided.

Declaration of Zero Household Income:

☐ The household has no source of income.

I have been able to maintain my basic necessities by: _____

_____

The information I have provided in my application for services is true, accurate, and complete to the best of my knowledge. I certify that a full account of all household income for at least the last 30 days and any appropriate income documents have been provided. I understand that providing false, incomplete, or misleading information may disqualify me from receiving services. I also understand that I must alert the agency to changes in my employment and income status and that any such changes may affect my eligibility for CSBG services.

_____ _____

Client Signature Date

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empowOR Client Basic Information

Client Name:	
Address:	
Housing Status:	☐ Homeowner ☐ Rent ☐ Unhoused ☐ Other Permanent Housing ☐ Other
Marital Status:	☐ Divorced ☐ Married ☐ Separated ☐ Widowed ☐ Never Married/Single

Household Member Name(s)	Relation to Client	DOB	Gender	Race	Disability	Veteran Status
	SELF					

Family Type:	☐ Single Person ☐ Two Adults no Children ☐ Two Parent Family ☐ Female-headed Single Parent ☐ Male-headed Single Parent ☐ Non-related Adults with Children ☐ Multi-generational Household ☐ Other

Household Member Name(s)	Education History	Employment Status	Health Insurance

Youth (14-24yo) Not in School/Not Working:	

Household Member Name(s)	Income Source(s)	Amount & Frequency	Benefits

WYOMING DEPARTMENT OF HEALTH, COMMUNITY SERVICES PROGRAM
122 West 25th Street, Suite 102E, Cheyenne, WY 82002
(307) 777-8940

Household Member Name(s)	Income Source(s)	Amount & Frequency	Benefits
Assistance Request:			
Referrals:			

The information I have provided above is true, accurate, and complete to the best of my knowledge. I certify that a full account of all household income for at least the last 30 days and any appropriate income documents have been provided. I understand that providing false, incomplete, or misleading information may disqualify me from receiving services. I also understand that I must alert the agency to changes in my employment and income status and that any such changes may affect my eligibility for CSBG services.

Client Signature **Date**

EmpowOR Status Options		
Disability:	1. Disabled 2. Developmental Disability 3. Mental Disability	4. Physical Disability 5. Not Disabled
Veteran Status:	1. Active Duty 2. Veteran	3. Never Served in Military
Education:	1. < 9yrs (0-8th Grade) 2. 9-12th Grade (Non-Graduate) 3. High School Graduate 4. GED/Equivalent	5. 12+ (Some Post Secondary) 6. 2-to-4-year College Graduate 7. Graduate of Other Post-secondary School
Employment Status:	1. Employed Full Time 2. Employed Part Time 3. Not in labor force	4. Retired 5. Unemployed <6 months 6. Unemployed >6 months
Health Insurance:	1. No Health Insurance 2. Insured Employer Provided 3. Insured-Medicaid 4. Medicare 5. Military Health Care	6. Private/Out of Pocket 7. SCHIP 8. State Health Insurance for Adults 9. Insured - Unknown Type