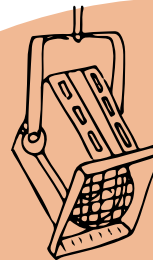
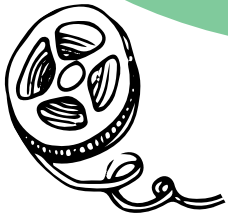




Shasta County
CAA
 Community Action Agency

Do you need financial help for childcare or extracurricular activities?

Shasta County Housing and Community Action Agency has temporary funding to help!



We can help financially for a wide variety of childcare and extracurricular activities. This includes but is not limited to:

After School Care **Music**

Sports Programs **Theater**

Art Programs **Media**

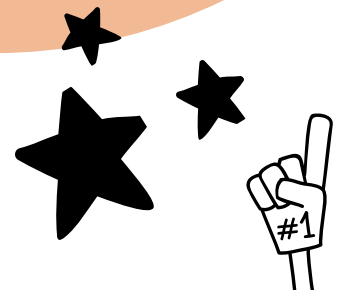


You may be eligible to apply if:

- You have been financially impacted by the COVID-19 Pandemic.
- You reside in Shasta County.
- You are at least eighteen (18) years old.
- Income limits apply.

Complete the attached intake form to start the process!

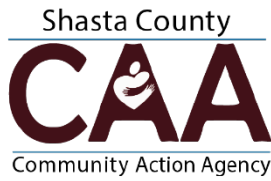
If you don't see what you are looking for, contact our office and ask!



Shasta County Housing and Community Action Agency

1450 Court Street Suite 108 Redding, CA 96001

530-225-5160 | HCAP@co.shasta.ca.us



Shasta County Housing and Community Action Agency

1450 Court Sreet, Suite 108
Redding, CA 96001
P: 530.225.5160 | F: 530.225.5178

Jaclyn Disney, Director
Community Action Agency
Housing Authority

Eviction Prevention and Economic Assistance Program (EPEA) INTAKE FORM

Applicant Information

Name:	
Address:	
Mailing Address (if applicable):	
Social Security #:	Date of Birth:
Phone #:	Email:
How did you hear about this program?	
What services do you need assistance with? Utilities Mortgage Other: _____	
How have you been impacted by COVID-19? Lost job/wages Reduced Hours Other: _____	Household: Total number of Household members: _____

Applicant Signature

1. I hereby authorize Shasta County to examine all employment, income, utility, and other records pertinent to my application for assistance.
2. I hereby authorize the release of information regarding my bills past and future, to Shasta County.
3. I certify under penalty of perjury that all information herein is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____ Witness: _____

TO BE COMPLETED BY HOUSING STAFF:

Eligibility Verification and/or written statement by client.

W-9

Verbal and written communication eligible services or mortgage holder

Internal spreadsheet tracking and all characteristics collected.

Qualify for other programs?

HOME/TBRA

CSBG Cares

HHAP