



**SAFETY NET APPLICATION**  
**Please read this letter before applying.**

Dear Initiative Based Assistance Program (IBAP) Gatekeeper Applicant:

Your application form for the Vanderburgh County Initiative Based Assistance Program is attached to this letter. This application DOES NOT GUARANTEE that you will qualify or be selected for the program.

The Gatekeeper provides assistance for residents of Vanderburgh County who are **NOT** receiving the adult portion of cash assistance from Temporary Assistance for Needy Families (TANF).

The SAFETY NET program provides assistance up to \$1,000.00 for issues such as car repair or other barriers preventing you from working.

**This is a one-time use program.**

PLEASE NOTE: The Gatekeeper program will not pay for services or repairs made before we have given you approval.

There are some eligibility rules:

1. You must be a Vanderburgh County resident.
2. You must be actively working 25 hours per week, attending school full-time (at least 12 credit hours), or a combination of the two.
3. Vehicle must be registered in Vanderburgh County, in the applicant's name, and must be current.
4. You must have a gross income not greater than the guidelines shown below.

Family Size	Monthly Max	Annual Max
1	\$1,831.50	\$21,978.00
2	\$2,469.75	\$29,637.00
3	\$3,108.00	\$37,296.00
4	\$3,746.25	\$44,955.00
5	\$4,384.40	\$52,614.00
6	\$5,022.75	\$60,273.00
7	\$5,662.54	\$67,950.50
8	\$6,307.58	\$75,646.50

**Next Steps**

1. Fill out the attached application and return it with **all** required documents to Gatekeeper.
2. Gatekeeper will **not** accept your application until ALL of the required documents are attached.
3. After Gatekeeper accepts your application, Gatekeeper will determine your eligibility and contact you by letter when funding is available.

Yours very truly,

Building Blocks



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**APPLICATION INSTRUCTIONS**

- Fill out all of **page 3**. Sign and date at the bottom.
- Read and fill out **page 4** (Authority to Discuss and Authorization to Release).
- Read and fill out **page 5** (Certification of Need).

**THE FOLLOWING ITEMS MUST BE COPIED AND ATTACHED TO THIS APPLICATION:**

	Your most recent paystub (this should include your name, pay date, hours worked, and gross wages)
	Class schedule (if enrolled in school) which includes your name, school name, semester begin and end dates, and credit hours)
	Car Registration -must be registered in Vanderburgh County -must be registered in applicant's name -must be current



**APPLICATION FOR VANDERBURGH COUNTY INITIATIVE BASED ASSISTANCE PROGRAM  
 SAFETY NET ASSISTANCE APPLICATION**

Name:	Are you working? YES NO	How many hours per week?
Date of Birth:	Are you in school? YES NO	How many credit hours?
Phone Number:	Is the spouse or parent of child(ren) living with you? YES NO	
Address:		
City, State, Zip:		Email Address:
Do you receive child support? YES NO		How much do you receive PER WEEK?
Describe your need (including estimated cost):		

**SPOUSE or PARENT of child(ren) – IF LIVING IN THE SAME HOUSEHOLD AS YOU**

Name (Last, First):	Date of Birth:
If you both are living in the same Household, are you Married? YES NO	
Are you working? YES NO Hours/week?	Are you in school? YES NO

**Child Information**

Names of Children (Last, First, Middle Initial)	Date of Birth (Required)
1.	
2.	
3.	
4.	

Do you receive TANF cash assistance? YES NO (If yes, attach current documentation.)

I realize that I am responsible for letting Gatekeeper know if I have changes to my household and above information. I understand that I am required to update my information every 90 days.

I certify that all the information on this form is correct.

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Vanderburgh County Initiative Based Assistance Program  
4C of Southern Indiana, Inc.  
414 SE 4<sup>th</sup> St., Suite 214  
Evansville, IN 47713  
Email: [jjohnson@buildingblocks.net](mailto:jjohnson@buildingblocks.net)  
Phone: (812) 423-4008 ext.122 Fax: (812) 423-3399  
Visit our website: [www.buildingblocks.net](http://www.buildingblocks.net)



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**AUTHORITY TO DISCUSS AND AUTHORIZATION TO RELEASE**

I understand that the IBAP Gatekeeper Manager would like to talk to the Vanderburgh County Division of Family & Children and Building Blocks (CCDF). The Gatekeeper Manager wants to know if I'm eligible to be in the IBAP Gatekeeper program. Also, the Division of Family & Children would like to know if I and/or my children are on TANF, Medicare, and /or receive Food Stamps. It is OK with me if they talk to each other. It's OK with me if the IBAP Gatekeeper Manager shows this paper to the Division of Family & Children and Building Blocks. I have received the information sheet that explains the Gatekeeper services.

To whom it may concern:

I authorize and request that you give the Vanderburgh County IBAP Gatekeeper the information requested on the attached form(s). You assume no liability by providing the information.

Please send the documents to:

Vanderburgh County IBAP Gatekeeper  
Building Blocks  
414 SE 4<sup>th</sup> St.  
Suite 214  
Evansville, IN 47713

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

Print Name: \_\_\_\_\_

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

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Email: [jjohnson@buildingblocks.net](mailto:jjohnson@buildingblocks.net)  
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### CERTIFICATION OF NEED

I certify that I need the safety-net assistance to continue my productive activities and to care for my family.

I know that if I use any of Gatekeeper services and if I do not accept the work or services as performed, then I, and not Gatekeeper, will be responsible for resolving the dispute. I understand that Gatekeeper program, Building Blocks, and Vanderburgh County will not be responsible for resolving disputes between the service provider and me.

I know that IBAP Gatekeeper program is the funding mechanism, Building Blocks is the administrator, and Vanderburgh County is the funding agent.

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

Print Name: \_\_\_\_\_

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