

## Exhibit C

### PRESUMED ELIGIBILITY CERTIFICATION GUIDE

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Group	Income Level
Abused Children	Extremely low income
Elderly (over 62)	Moderate income (for center-based services such as a senior center) Low income (non-center-based services)
Battered Spouses	Low income
Homeless persons	Extremely low-income
Severely disabled adults	Low income (unless income is obtained placing them in a different category).
Illiterate adults	Low income
Persons with AIDS	Low income
Migrant farm workers	Low income

#### DEFINITIONS

##### ABUSED CHILDREN

Children under the age of 18 who have:

- Been sexually abused
- Been exploited
- Had a physical injury
- Experienced negligent treatment / maltreatment under circumstances, which cause harm to the child's health, welfare, or safety

Negligent treatment or maltreatment means an act, a failure to act, or the cumulative pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a child's health, welfare, or safety.

Poverty, homelessness, or exposure to domestic violence as defined in [RCW 26.50.010](#) that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself. Evidence of a parent's or caregiver's substance abuse as a contributing factor to negligence or maltreatment will be considered.

##### ELDERLY PERSONS

A person at least 62 years of age or older.

## BATTERED SPOUSES

A person aged 18 or older who has:

- Been a victim of abusive, violent behavior
- Received threat of abuse or violence, by a partner in an intimate relationship such as marriage, dating, family, friends, or cohabitation.

## HOMELESS PERSONS

Individual who lacks a fixed, regular, and adequate nighttime residence, and who has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill).
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

## SEVERELY DISABLED ADULTS

Persons aged 18 or older and are classified as having a severe disability if they:

- Have used a wheelchair or another special aid for 6 months or longer;
- Were unable to perform one or more:
  - Functional activities (include seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking).
  - Activities of daily living (getting around inside the house, getting in and out of bed or a chair, bathing, dressing, eating, and toileting).
  - Instrumental activities of daily living (independently going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone).
- Prevented from working at a job or doing housework.
- Had a condition including Autism, Cerebral Palsy, Alzheimer's disease, senility, or intellectual disability.
- Persons who are under 65 years of age and who are covered by Medicare or receive SSI.

## ILLITERATE ADULTS

Persons aged 18 or older who are not able to read, write, and communicate language clearly.

## PERSON LIVING WITH THE DISEASE AIDS

The disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

## MIGRANT FARM WORKERS

A U.S. Citizen or legal alien who moves from a permanent place of residence in order to be employed in agricultural work, and the transient nature of their work limits them from obtaining any permanent type of local residency and federal/state assistance. Seasonal farm workers perform similar work but do not move from their primary residence for the purpose of seeking farm employment and are not eligible under the presumed benefit category.

## **DOCUMENTATION TO MEET THE CDBG NATIONAL OBJECTIVE UNDER PRESUMED BENEFIT**

Agencies serving a presumed benefit clientele must retain in the client file and provide upon request, substantiation of the client's eligibility presumption category.

- A signed and dated self-certification form stating that the assisted person qualifies based on a specific presumed benefit category.
- Documentation of presumed eligibility includes:
  - A current written letter from their doctor, case-manager, or other professional third-party entity, or
  - Proof of receiving federal or state benefits such as social security award letters, supplemental security award letters, placement as a foster child, etc.

## RACE AND ETHNICITY DEFINITIONS

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The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups. The racial classifications used by the Census Bureau adhere to the October 30, 1997, Federal Register Notice entitled, [“Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity”](#) issued by the Office of Management and Budget (OMB).

### WHITE

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as “White” or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

### BLACK/AFRICAN AMERICAN

A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as “Black”, African American, or provide written entries such as African American, Afro America, Kenyan, Nigerian, or Haitian.

### ASIAN

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” and “Other Asian.”

### AMERICAN INDIAN / ALASKAN NATIVE

A person having origins in any of the original peoples of North and South American (including Central America) and who maintain tribal affiliation or community attachment.

### NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as “Native Hawaiian,” “Guamanian or Chamorro,” “Samoan,” and “Other Pacific Islander.”

### AMERICAN INDIAN / ALASKA NATIVE AND WHITE

Meets the definition of American Indian / Alaska Native **AND** White.

### ASIAN AND WHITE

Meets the definition of Asian **AND** White.

#### BLACK / AFRICAN AMERICAN AND WHITE

Meets the definition of Black/African American **AND** White.

#### AMERICAN INDIAN / ALASKAN NATIVE AND BLACK / AFRICAN AMERICAN

Meets the definition of American Indian/Alaskan Native **AND** Black/African American

#### OTHER MULTI RACIAL

Includes all other responses not included in the described above. Respondent providing write-in entries such as multiracial, missed, interracial, Wesort, or a Hispanic/Latino group (for example, Mexican, Puerto Rican, or Cuban) are included here.

#### **ETHNICITY DEFINITION**

The concept of Hispanic origin is separate from the concept of race. Under [OMB 1997 standards](#), “Hispanic” is not a race category, but an ethnic category that cuts across all races. Those who are White, Black, Asian, Pacific Islander, American Indian, or a multi-race may also be counted as being of Hispanic ethnicity.

When asking the individual / household to select a race category, the individual / household must also check whether they are of Hispanic ethnicity. One of the 10 race categories must always be selected. A check mark cannot be entered under the Hispanic Column without the Race Category being checked.

Exhibit D

Presumed Eligibility Self Certification Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Female Head of Household (not applicable to 1 person households)  Yes  No

Disabled  Yes  No

Ethnicity <i>(select one)</i>	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
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Race <i>(select one)</i>	<input type="checkbox"/> White	<input type="checkbox"/> American Indian / Alaskan Native <b>AND</b> White
	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Asian <b>AND</b> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American <b>AND</b> White
	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> American Indian / Alaskan Native <b>AND</b>
	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	Black / African American
	<input type="checkbox"/> Other multi-racial (list):	

If the participant is eligible for presumed CDBG assistance per 24 CFR 570.208(a)(2)(A), select all that apply:

- Abused Children
- Elderly Person (62+)
- Battered Spouse / Domestic Violence Victim
- Homeless Person
- Severely Disabled Adult (18+) per U.S. Census Definition
- Illiterate Adults
- People with AIDS
- Migrant Farm Workers

By signing below, I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge. I realize that willful falsification by me may subject me to penalties as provided in federal and Washington State Law RCW 74.08.055. I understand that if I have willfully misrepresented any information, I will be disqualified from participation in the Program.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Signature

\_\_\_\_\_  
Date