



**MARTIN COUNTY HUMAN SERVICES**  
**435 SE FLAGLER AVE., STUART, FL 34994**  
**Phone: 772-288-5786 Fax: 772-223-4829**

## **Water Assistance Application**

Thank you for contacting the Martin County Board of County Commissioners Community Services Program to request assistance. This packet includes basic information outlining the documentation that you **must provide to be considered for assistance**.

Once you have collected the required documentation listed below, please call **(772) 288-5785** for an appointment. If you do not qualify for assistance, you may call and inquire as to the reason(s) for denial.

### **Eligibility Criteria**

- Must be a Martin County resident
- Must be a Martin County Utilities customer
- Applicant must prove they are below 200% of the federal poverty level
- Must have a crisis that is preventing payment of the bill
- \$200 maximum assistance limit
- Qualified applicants can only receive assistance from this program once every 24 months

### **Required Documents**

Please make sure you **bring originals or copies of the following documentation** in order to determine program eligibility:

- Picture identification for all adults in the household, 18 years of age or older.
- Social Security Cards for all household members.
- Proof of current employment (*pay stubs for the last 30 days, or if new hire, letter from employer indicating rate of pay and hours to be worked*)
- Copies of official documentation showing **ANY and ALL** other income, such as Child Support, Social Security, Unemployment, Worker's Compensation, Food Stamps, etc.
- Proof of crisis (*i.e. – medical bill, receipt of car repair, etc.*)
- Martin County Utility bill (*must be in the name of someone living in the household*)

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

†The completion of this form does not guarantee that Martin County will be responsible for the cost of requested goods/services. Final approval shall be determined by staff of the Martin County Community Services Program in accordance with program guidelines.

*This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at [www.martin.fl.us/accessibility-feedback](http://www.martin.fl.us/accessibility-feedback).*



**MARTIN COUNTY HUMAN SERVICES**  
**435 SE FLAGLER AVE., STUART, FL 34994**  
**Phone: 772-288-5786 Fax: 772-223-4829**

## Water Assistance Application

### INCOME GUIDELINE

#### 2022 Income Limits

Poverty Guidelines, 48 Contiguous States (all states except AK and HI)

Effective 1/12/22

Household/ Family Size	25%	50%	75%	100%	125%	150%	175%	200%	300%	400%
1	\$3,398	\$6,795	\$10,193	\$13,590	\$16,988	\$20,385	\$23,783	\$27,180	\$40,770	\$54,360
2	\$4,578	\$9,155	\$13,733	\$18,310	\$22,888	\$27,465	\$32,043	\$36,620	\$54,930	\$73,240
3	\$5,758	\$11,515	\$17,273	\$23,030	\$28,788	\$34,545	\$40,303	\$46,060	\$69,090	\$92,120
4	\$6,938	\$13,875	\$20,813	\$27,750	\$34,688	\$41,625	\$48,563	\$55,500	\$83,250	\$111,000
5	\$8,118	\$16,235	\$24,353	\$32,470	\$40,588	\$48,705	\$56,823	\$64,940	\$97,410	\$129,880
6	\$9,298	\$18,595	\$27,893	\$37,190	\$46,488	\$55,785	\$65,083	\$74,380	\$111,570	\$148,760
7	\$10,478	\$20,955	\$31,433	\$41,910	\$52,388	\$62,865	\$73,343	\$83,820	\$125,730	\$167,640
8	\$11,658	\$23,315	\$34,973	\$46,630	\$58,288	\$69,945	\$81,603	\$93,260	\$139,890	\$186,520
9	\$12,838	\$25,675	\$38,513	\$51,350	\$64,188	\$77,025	\$89,863	\$102,700	\$154,050	\$205,400
10	\$14,018	\$28,035	\$42,053	\$56,070	\$70,088	\$84,105	\$98,123	\$112,140	\$168,210	\$224,280

*\*\*For families/households with more than 10 persons, add \$4,720 for each additional person.*

Income in this case means gross wages, and certain unearned income such as Social Security Benefits, Alimony, etc. Total gross income must be less than 200% based on your household size to qualify and is based on the last 30 days.

†The completion of this form does not guarantee that Martin County will be responsible for the cost of requested goods/services. Final approval shall be determined by staff of the Martin County Community Services Program in accordance with program guidelines.

This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at [www.martin.fl.us/accessibility-feedback](http://www.martin.fl.us/accessibility-feedback).



**MARTIN COUNTY HUMAN SERVICES  
435 SE FLAGLER AVE., STUART, FL 34994  
Phone: 772-288-5786 Fax: 772-223-4829**

**Water Assistance Application**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please list ALL household members. Income is calculated based on gross income (before deductions), please use exact numbers.*

Household Members	Social Security Number	Relationship	Sex	Disabled	Veteran	DOB	Age	Monthly Income	Income Source	Migrant Worker
		HOH	M F	Y N	Y N					Y N
			M F	Y N	Y N					Y N
			M F	Y N	Y N					Y N
			M F	Y N	Y N					Y N
			M F	Y N	Y N					Y N
			M F	Y N	Y N					Y N
			M F	Y N	Y N					Y N
			M F	Y N	Y N					Y N
			M F	Y N	Y N					Y N
			M F	Y N	Y N					Y N

**Household Size:** \_\_\_\_\_

**Total Monthly Income:** \_\_\_\_\_ **x 12 = Annual Household Income:** \_\_\_\_\_

*By signing below, you certify that all information provided is accurate to the best of your knowledge.*

**Applicant Signature:** \_\_\_\_\_

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

**Staff Signature:** \_\_\_\_\_

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

<sup>†</sup>The completion of this form does not guarantee that Martin County will be responsible for the cost of requested goods/services. Final approval shall be determined by staff of the Martin County Community Services Program in accordance with program guidelines.



**MARTIN COUNTY HUMAN SERVICES**  
**435 SE FLAGLER AVE., STUART, FL 34994**  
**Phone: 772-288-5786 Fax: 772-223-4829**

## **Water Assistance Application**

Describe **in detail** the reason you are unable to afford your water bill this month.

Describe **in detail** how you plan to pay future water bills if you receive assistance this month.

†The completion of this form does not guarantee that Martin County will be responsible for the cost of requested goods/services. Final approval shall be determined by staff of the Martin County Community Services Program in accordance with program guidelines.

*This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at [www.martin.fl.us/accessibility-feedback](http://www.martin.fl.us/accessibility-feedback).*



**MARTIN COUNTY HUMAN SERVICES**  
**435 SE FLAGLER AVE., STUART, FL 34994**  
**Phone: 772-288-5786 Fax: 772-223-4829**

**CLIENT CONSENT FOR DATA COLLECTION AND RELEASE OF INFORMATION**

This client notice and consent describes how information about you may be used and collected for the purpose of providing the service you have applied for and how you can have access to this information. In order for a service to be provided, this form **MUST** be signed.

I, \_\_\_\_\_, understand and acknowledge that Martin County Human Services uses a digital client tracking system and I consent to and authorize the collection and retention of my information for the purpose of the service(s) I am applying for. I understand that such information may include, but is not limited to the following:

- Identifying information (name, birth date, gender, race, social security number, residential information, phone number, family information, etc.)
- Financial information (income verification, public assistance payments and allowances, food stamp allotments, etc.)
- Medical records (HIV/AIDS diagnosis, psychological records and evaluations, vocational assessments, care coordinators recommendations/direct observation, employment status, etc.)
- Substance abuse diagnosis, treatment plans, progress in treatment, and discharge information
- Other (As specified in the space provided) \_\_\_\_\_

Additionally, please review the following bullet points:

- I understand that Martin County Human Services may contact my employer, bank, family/friends, or any other institution(s) or person(s) to verify information and confirm my eligibility for the program(s) I am applying for.
- I understand that I have the right to inspect, copy, and request all records maintained by the County relating to the provision of services to me and to receive a paper copy of this form.
- I understand that this release can be revoked by me at any time and that the revocation must be signed and dated by me. If not previously revoked, this consent terminates automatically **ONE YEAR** after this form has been signed.
- I understand that my records are protected by Federal, State, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent, unless otherwise provided for in regulations.

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

\_\_\_\_\_  
Date

†The completion of this form does not guarantee that Martin County will be responsible for the cost of requested goods/services. Final approval shall be determined by staff of the Martin County Community Services Program in accordance with program guidelines.

*This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at [www.martin.fl.us/accessibility-feedback](http://www.martin.fl.us/accessibility-feedback).*



# COMMUNITY SERVICES BLOCK GRANT

## Customer Satisfaction Survey

The purpose of this survey is to provide feedback to improve services offered.  
Please answer the survey in its entirety.

1. What is your name? (Optional) \_\_\_\_\_
2. What county do you live in?
 

<input type="checkbox"/> St. Lucie County	<input type="checkbox"/> Martin County	<input type="checkbox"/> Okeechobee County
---	--	--
3. Please select which services you received from our agency?
 

<input type="checkbox"/> Assistance applying for Benefits	<input type="checkbox"/> Household Items	<input type="checkbox"/> Transportation Assistance
<input type="checkbox"/> Childcare Assistance	<input type="checkbox"/> ID Assistance or related	<input type="checkbox"/> Education Assistance
<input type="checkbox"/> Home Health Assistance	<input type="checkbox"/> Rental/Utility Assistance	<input type="checkbox"/> Other: _____
4. How would you rate the quality of service you have received?
 

4 _____	3 _____	2 _____	1 _____
Excellent	Good	Fair	Poor
5. Did you get the kind of service you wanted?
 

1 _____	2 _____	3 _____	4 _____
No, definitely not	No, not really	Yes, generally	Yes, definitely
6. To what extent has our program met your needs?
 

4 _____	3 _____	2 _____	1 _____
Almost all of my needs	Most of my needs	Only a few of my needs	None of my needs
7. If a friend were in need of similar help, would you recommend our program to them?
 

1 _____	2 _____	3 _____	4 _____
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely
8. How satisfied are you with the amount of help you received?
 

1 _____	2 _____	3 _____	4 _____
Quite dissatisfied	Mildly dissatisfied	Mostly satisfied	Very satisfied
9. Have the services you received helped you deal more effectively with your problems?
 

4 _____	3 _____	2 _____	1 _____
Yes, greatly	Yes, somewhat	No, not really	No
10. Over all, how satisfied are you with the services you have received?
 

4 _____	3 _____	2 _____	1 _____
Very satisfied	Mostly satisfied	Mildly dissatisfied	Quite dissatisfied
11. If you were to seek help again, would you come back to our program?
 

1 _____	2 _____	3 _____	4 _____
No, definitely	No, I don't think so	Yes, I think so	Yes, definitely

Thank you for participating in our survey. Your feedback is important.