

Community Service's (CSBG) Block Grant

*Helping People,
Changing Lives...
One Step at a Time!*



Lafourche Parish Office Of Community Action



MISSION STATEMENT

Our mission is to enhance lives within the community by promoting education, preventing homelessness and hunger, and encouraging partnership involvement.



CONTACT

Lafourche Parish Government
4876 Highway 1
Mathews, LA 70375
Phone (985) 537-7603
Fax (985) 493-6601

OUTREACH OFFICES

**Community Action Resource Center
Lafourche Parish Health Unit**
2535 Veterans Blvd.
Thibodaux, LA 70301
Phone (985) 446-6731
Fax (985) 446-5907

**Lafourche Parish Government Complex
Community Action Mathews**
4876 Highway 1
Mathews, LA 70375
Phone (985) 537-7603
Fax (985) 493-6601

**Community Action Resource Center
Galliano Government Complex**
16241 East Main Street Suite 13B
Cut Off, LA 70345
Phone (985) 632-3989
Fax (985) 325-2041



Program Goals

CSBG is designed to address the needs of low-income individuals, to improve living conditions and increase self-sufficiency. The Lafourche Parish Office of Community Action is committed to providing services and activities that will facilitate in addressing the needs of those meeting eligibility requirements. Services and activities include training on employment, education, budgeting/financial planning, housing, nutrition, etc.



Services

- One month's rent mortgage
- Utility Disconnections
- Lodging
- Food Vouchers
- Commodity Distribution
- Tuition/Books
- School/Work Uniforms
- Client Education
- Referrals



- **Proof of Income** for everyone in the household - If paid weekly: last 4 check stubs; Bi-weekly: last 2 check stubs, (If no income, must provide a statement from the person that helps with household expenses, along with his/her contact number)
- **ID/License for Head of Household**
- **Social Security Cards and Birthdates** for everyone in the household
- **Current Food Stamp Printout** (no more than 30 days old)
- **Current SSI or SSA Awards Letter**
- **Current Unemployment Benefit Letter**
- **Separation/Discharge Letter** from last Employer
- **Landlord Letter and W-9** Completed by Landlord
- **ALL Household Monthly Bills/Receipts** (rent/mortgage, telephone, utilities, cable, auto/insurance, loan, furniture, life insurance, cell phone, etc.)



CSBG Income Guidelines

POVERTY INCOME ELIGIBILITY GUIDELINES (125% OF POVERTY LEVEL)

Persons in Family	125% Poverty Annually	125% Poverty Monthly
1	\$15,075	\$1,256
2	\$20,300	\$1,692
3	\$25,525	\$2,127
4	\$30,750	\$2,563
5	\$35,975	\$2,998
6	\$41,200	\$3,433
7	\$46,425	\$3,869
8	\$51,650	\$4,304

