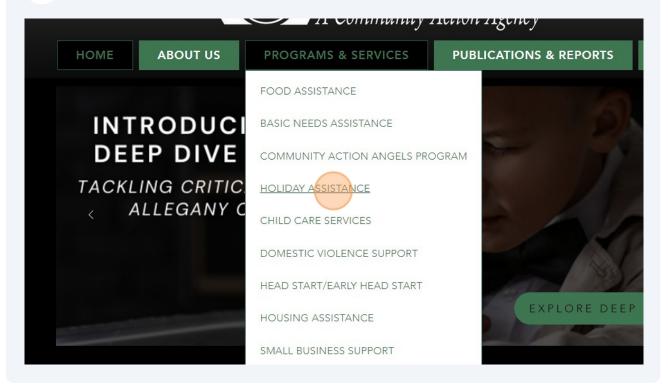
How To Apply For Holiday Assistance Online



1 Navigate to <u>https://www</u>	<u>w.accordcorp.org/</u>
2 Click "PROGRAMS & SER	VICES"
	ACCORD A Community Action Agency
HOME ABOUT US	PROGRAMS & SERVICES PUBLICATIONS & REPORTS
	FOOD ASSISTANCE
INTRODUC	BASIC NEEDS ASSISTANCE
	BASIC NEEDS ASSISTANCE
DEEP DIVE	COMMUNITY ACTION ANGELS PROGRAM
DEEP DIVE TACKLING CRITIC	COMMUNITY ACTION ANGELS PROGRAM
DEEP DIVE	COMMUNITY ACTION ANGELS PROGRAM

Click "HOLIDAY ASSISTANCE"

3



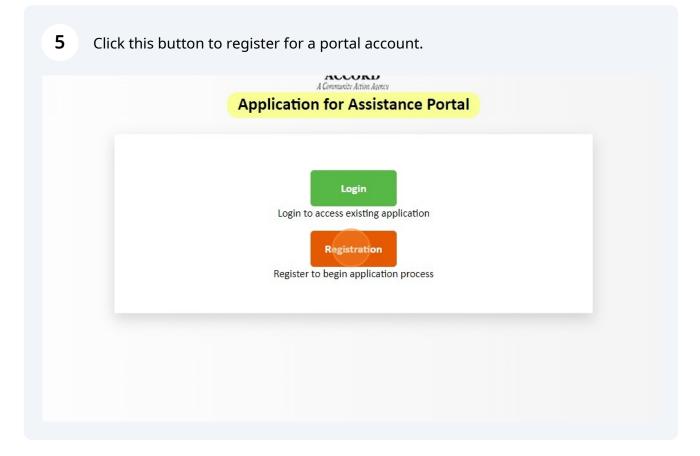
4 Click "Apply Now"

We understand that the holiday season can be challenging. If you support, we invite you to apply for our Holiday Assistance Program

To apply for assistance, please complete the online application by below.



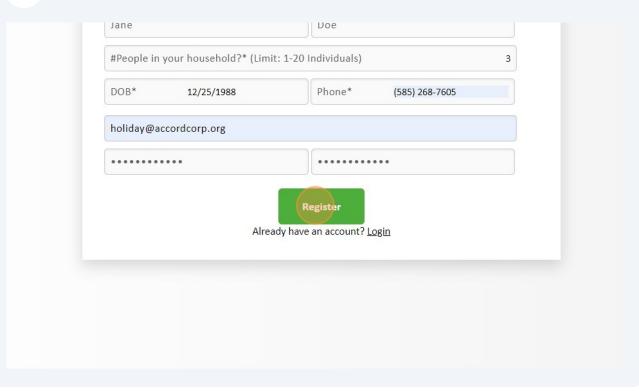
- Deadline for applications: December 6th
- Eligibility is assessed based on a completed application with p income for all household members.
- Applications are processed on a first-come, first-served basis.



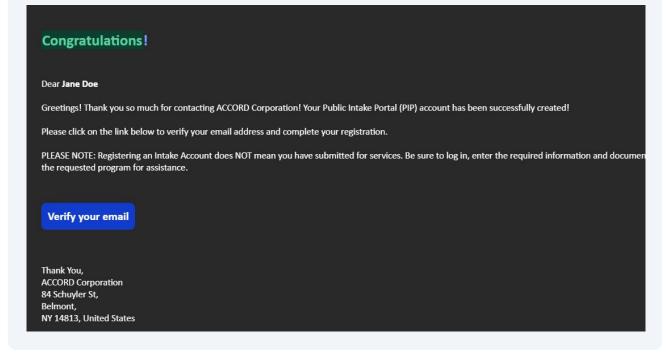
Complete Required Account Registration Information

7 Click 'Register' button.

8



Locate the verification email, from your email account you used to register. Click 'Verify your email' and you will be taken to the login screen.



Enter the email and password you used at registration and click the 'Sign-in' button.

holiday@accordcorp.org	
•••••	۲
	Forgot Passwor
	•

10 First, you will need to complete the details for the applicant (head of household).

9

The system will ask you are completing the intake on behalf of another person. If 11 you select no, it will prefill some of the applicant information used during account registration. The applicant is the Head of Household requesting assistance.

*Indicates Rec	Confirmation()	
First Name*	Are you completing this intake on behalf of another person?	
Last Name*	Yes No	
	*(mm/dd/yyyy)	
Gender*		
- Select Gen	der- 🗸	

12 Complete the required details and click the 'next' button.

Jane	
Last Name*	Date of Birth*
Doe	12/25/1988
	*(mm/dd/yyyy)
Gender*	Are you Pregnant?
FEMALE	✓ NO
	Next

13 Complete the required details on this page and click the 'next' button.

Hispanic/Not Hispanic*	Race/Ethnicity*	
NON-HISPANIC/LATINO	✓ CAUCASIAN (WHITE)	~
Education*	School	
HIGH SCHOOL GRADUATE	✓ Wellsville	~
Reliable Transport	Drivers Licence	
YES	✓ YES	~
P	revious	

14 Complete the required details on this page and click the 'next' button.

Family Type*	Housing Situation*
Single Parent/Female 🗸	RENT 🗸
Income Types*	Non-Cash Benefits*
WAGES 👻	SNAP 🗸
Language	Secondary Language
ENGLISH 🗸	- Select Secondary Language - 🗸 🗸
Previous	Next

15 Complete the required address information on this page and click 'continue.'

House#* 84	Street* Schuyler Street		
Suffix	Apt	Floor	
City*		State*	Zipcode*
Belmont		NY	14813
County*	Towns	hip	
Allegany	✓ - Sele	ect -	
	Previous	ontinue	

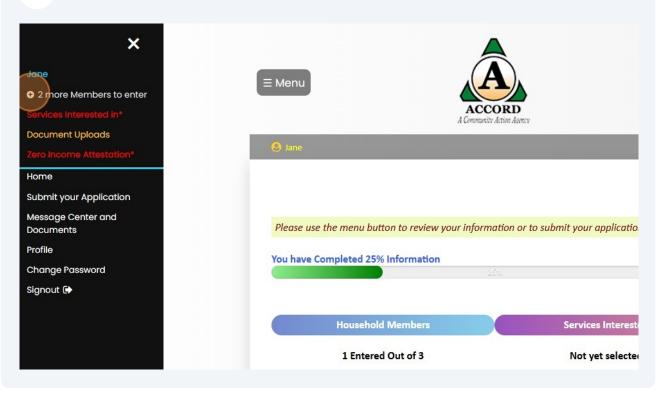
16 The " \equiv Menu" button will navigate you through the application.

Here you need to add any additional members of your household, select the services you are interested in, upload documents, and complete the Zero Income Attestation, if you did not report any income sources or non-cash benefits for the applicant.

Required sections will be displayed in red font, indicating that it must be completed before your application is submitted and sent to a staff member to review.

×	
Jane	
• 2 more Members to enter	
Services Interested in*	ACCORD A Community Action Agency
Document Uploads	
Zero Income Attestation*	S Jane
Home	
Submit your Application	
Message Center and Documents	Please use the menu button to review your information or to submit your applic
Profile	You have Completed 25% Information
Change Password	25%
Signout 🕞	
	Household Members Services Inter
	1 Entered Out of 3 Not yet sele

17 To add household members, click the "+button" from the menu sidebar.



18 Complete household member details, and click the "next" button.

First Name* Johnny	Middle Initial
Last Name*	Date of Birth*
Doe	09/16/2021
	*(mm/dd/yyyy)
Gender*	
MALE	~
	Next
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19 On the second household member screen, please note the Marital Status refers to the status of the household member you are adding, please select the most appropriate response. Additionally, the relationship is the household member's relation to the applicant.

		CORD v Action Agency	
S Jane			Signout 🗭
Details			
*Indicates Required Field			
Marital Status*		Relationship*	
CHILD	~	Child	~
Hispanic/Not Hispanic*		Race/Ethnicity*	
- Select Ethnicity -	~	- Select Race -	~
Education*		School	
- Select Education -	~	Alfred-Almond	~
Reliable Transport		Drivers Licence	
- Select Reliable Transportation -	~	- Select Drivers License -	*

20 Click the "next" button when all required fields are completed.

Education*	School		
0-8TH GRADE	✓ Scio	*	
Reliable Transport	Drivers Licence		
NO	✓ NO	*	
	Previous		

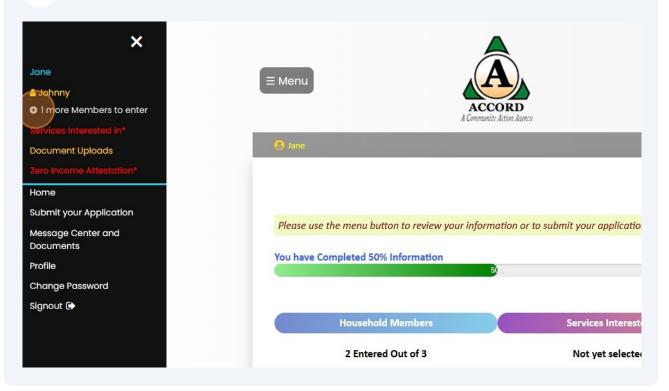
21 Complete the next screen of required information, as it relates to the household member you are adding and click "Continue"

Disabled*			
NO	~		
Work Status*			
Unemployed (Not in Labor Force)	~		
Income Types* NONE	•	Non-Cash Benefits*	
	-		J
Prev	vious	Continue	

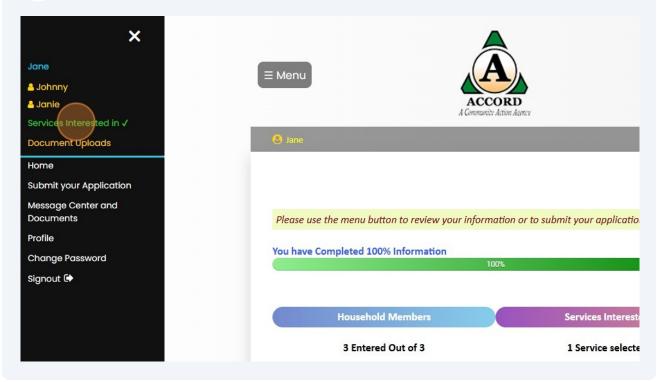
22 Click "≡ Menu"

		RD Pan Aeency
Saved Successfully	S Jane	on or to submit your applicatio
	You have Completed 50% Information	
	Household Members 2 Entered Out of 3	Services Interest Not yet selecte

23 Repeat steps if you need to add more household members to your application.



24 Next, you need to select the services you are interested in applying for. Click "Services Interested in \checkmark " from the " \equiv Menu"



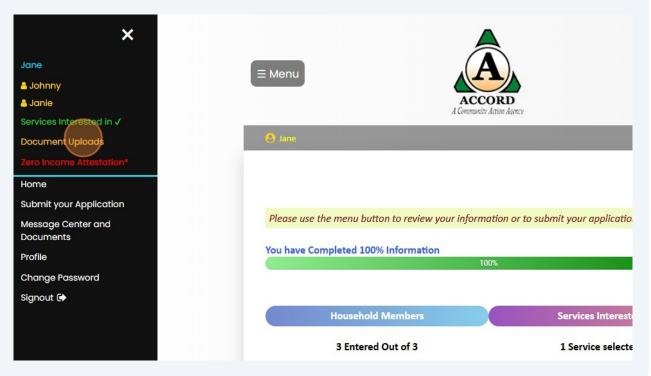
25 Click "Services Interested"

	Messages:	3
ase use the menu button to review your informa	tion or to submit your application.	
have Completed 75% Information 75	*	
Household Members	Services Interested	
3 Entered Out of 3	Not yet selected	
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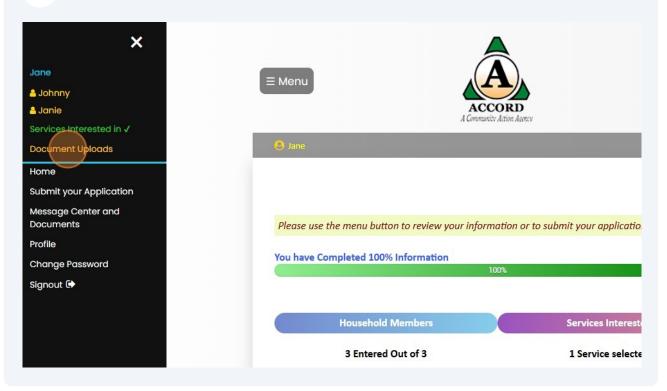
26 Check the services you are interested in and click "Continue"

S Jane
Services Interested in Fatherhood Connection 13-Week Program Holiday Assistance 2024
Continue

27 If you indicated that you receive income or non-cash benefits, you will need to upload proof by accessing the "Document Uploads" from the "≡ Menu"



28 Click "Document Uploads"



29 If you indicated that you have no income source, the "Zero Income Attestation*"is required. You can access this section from the "≡ Menu"

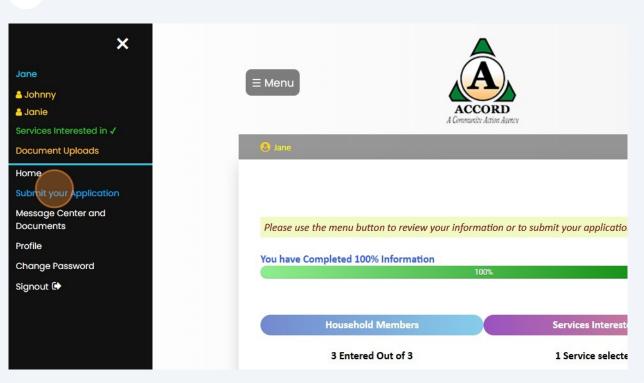
Jane	
💄 Johnny	
🛓 Janie	ACCORD A Community Action Acency
Services Interested in ✓	
Document Uploads	S Jane
Zero Income Attestation*	
Home	Document Uploads
Submit your Application	
Message Center and Documents	All Members Jane Applicant
Profile	
Change Password	Upload Photo ID of applicant
Signout 🕞	

30 Select the certification buttons and complete the required information, to agree and submit your zero income attestation form.

		nd Rural Development, Inc. is an equal opportunity provider a, 1400 Independence Averag, S.W. Washington, D.C. 2020 NY 14813 P: 585-268-7605 F: 58		
🗹 1/We	certify that all the above i	nformation is true.		
Accept	Members	Age	Attested By	Attested Da
	Jane	36 yr	5	
First Name Date*:	*: /_/_/ *(mm/dd/yyyy)	Last Name:		
		I Accept & Submi	t	
	6	@ 2010 All n:-	-bas D	

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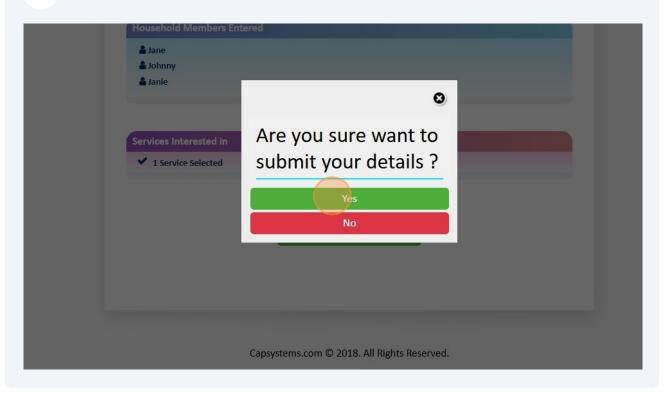
31 Click "Submit your Application"



32 Once you have entered all household members, selected the services you are interested in, uploaded any required documents, completed the zero income attestation form (if required) you are ready to "Submit your Application" from the "≡ Menu"

 es Interested in Gervice Selected			
	Submit	your Application	
		D 2018. All Rights Re	

33 Click "Yes" to submit your details.



34 You will receive a confirmation message, and a staff will be notified of your application submission.

Your application has been successfully submitted. Your confirmation number is ZZUJLM . We have emailed this confirmation number to y registered email address. Please keep this number for future reference.
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