

GARDEN GAZETTE

MARCH 2018



RENOVATIONS UPDATE

The Housing Authority has no new updates this month. We will keep you informed of any changes. Thanks, Ken Vaughan

LATE FEE UPDATE:

The Jefferson County Housing and Development Board has created a new lease. All residents will be scheduled to sign the new lease as time allows.

One of the changes is the rate of the late fee for rent payments. Effective January 1, 2018 there will be a \$25.00 late charge for rent paid after the 10th. If rent is paid on or after the 25th there will be an additional \$50.00 charge for a total of \$75.00.

JCCEO
MARCH 27TH 9AM
FORMS INSIDE NEWSLETTER

All Maintenance related calls
should be directed to the
maintenance department at

808-4177

SPECIAL BINGO



A representative from North Hill Nursing and Rehabilitation Center will be here to have a special bingo for our residents.

MARCH 12TH at 9:00
(2nd Monday of each month)

GARDENDALE FUNERAL HOME



The second Monday of each month a representative will be bringing cupcakes and will be available to answer questions you may have concerning pre-needs - funeral arrangements, burial policies

MARCH 12TH 10:00

HALAL PRAISE HOOPS



MARCH 16TH 10:00
MARCH 23RD 10:00

HAPPY BIRTHDAY



WISHING EVERYONE BORN IN THE MONTH
OF MARCH A VERY HAPPY BIRTHDAY

PEST CONTROL

SPRAY DATES HAVE CHANGED FOR SOME APARTMENTS

All residents should have received a date change notice. Management will accompany pest control.

The Pest Control Schedule for Spring Gardens and Hickory Ridge is as follows for 2018:

Inside: February, April, June, August, October, December
Outside: March, May, July, September, November

INSIDE SPRAY DATES:

PINK NOTICES	1 st Thursday every other month
BLUE NOTICES	2 nd Thursday every other month
GREEN NOTICES	3 rd Thursday every other month
YELLOW NOTICES	4 th Thursday every other month

Remember to keep saving your pull tops from any type cans for the Ronald McDonald House. There is a collection house located in the dining room.



Nita Clark and Tammy Womble are Notaries Public. If you need important documents notarized they are at your service, by appointment. You may reach Nita at 841-5032 ext.1102 or Tammy at 841-5032 ext.1104.

Please call before you come, to ensure they are available

BIBLE STUDY/ TRUE VINES MINISTRIES

SNACKS PROVIDED

WILL MEET IN THE DINING ROOM

MARCH 1ST 2PM

PRESCRIPTION COST
JANE WALL MARCH 26TH

10:00AM

LET'S COLOR/SNACKS
MARCH 19TH 9:30AM



SPRING GARDENS
201 SPRING GARDENS ROAD
BIRMINGHAM, AL 35217
PHONE: 841-5032
FAX: 841-5045

NITA CLARK – PROPERTY MGR.

EXT.# 1102

TAMMY WOMBLE - ASST. PROP. MGR.

EXT.# 1104

DEBORAH BUTLER- SERVICE COORDINATOR

EXT.# 1105

CATHY KING – HEALTH EDUCATOR

EXT.# 1106

ANNIE THOMAS – CENTER MGR.

EXT.# 1108

WHERE TO SUBMIT YOUR RENT

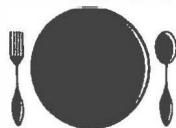
ALL RESIDENTS PLEASE MAKE YOUR CHECKS OR MONEY ORDERS PAYABLE TO JEFFERSON COUNTY HOUSING AUTHORITY (JCHA). MAIL YOUR PAYMENTS TO THE ADDRESS BELOW OR DROP IT IN THE DROP BOX LOCATED AT THE CENTER. **DO NOT LEAVE IT IN THE FRONT DOOR.**

ALL RENT IS DUE BY THE 10TH OF EACH MONTH. ANY PAYMENT RECEIVED BETWEEN THE 11TH AND 24TH OF THE MONTH WILL RESULT IN THE RESIDENT BEING CHARGED WITH A \$25.00 LATE FEE. RENT RECEIVED THE 25TH OF THE MONTH OR AFTER WILL BE CHARGED AN ADDITIONAL \$50.00 FEE FOR A TOTAL OF \$75.00

201 Spring Gardens Rd.
Birmingham, AL 35217

Center: (205) 841-5032
Maintenance: (205) 808-4177

**HOT LUNCHES ARE SERVED DAILY AT 11:30
PLEASE SIGN IN BY 10:30 FOR SEATING**



Lunches are provided by United Way Area Agency on Aging. Donations, in any amount, are appreciated but not required.

If you are physically unable to stand in line to receive your lunch a volunteer will be happy to serve you at your table. If you are in need of this service and are not currently on the table service list contact Nurse Cathy (841-5032) for evaluation.

The food items, drinks, flatware and cups that are provided by United Way Area Agency are the only items allowed in the dining room. NO EXCEPTIONS. Condiments are allowed as long as they are store bought and labeled.

No one under the age of 60 years of age (unless it is a resident) is allowed to be present during lunch or participate in any other activity held at the Center during business hours. This includes children.

Policy on Foods Taken Away from the Center

Participants receiving a congregate meal shall be allowed to take home fresh fruit, unopened cartons of fruit juice; wrapped cakes, cookies and snack cakes, individually wrapped portions of corn chips or potato chips. All other leftover foods shall be discarded at the end of the serving day.

****Take only one serving of milk, juice, fruit, snack cakes & cookies with your meal. If there are leftover items, after everyone is served, you may help yourself to one additional serving. The milk must be consumed at the center.**

If you would like to purchase an additional meal after everyone is served, they are available for \$3.35.

Hot lunches are ordered based on the number of people that support the center regularly and are served at 11:30, on a first come, first serve basis. The lunch tickets are limited to the number of meals ordered for any given day. Be sure to sign in daily by 10:30 to get yours before they are all gone. You must sign in and have a ticket to receive a meal. Please do not sign other people on the meal list unless they are in the building. We can not hold meals for people who have a ticket and are not present at the time lunch is served. No lunches will be served after 12:00.

****If you receive frozen meals at your apartment, you are not eligible to receive the hot congregate meals served at the Center Dining Room. (Based on guidelines of United Way Area Agency on Aging)**

SPECIAL CRAFT FOR MARCH 2018

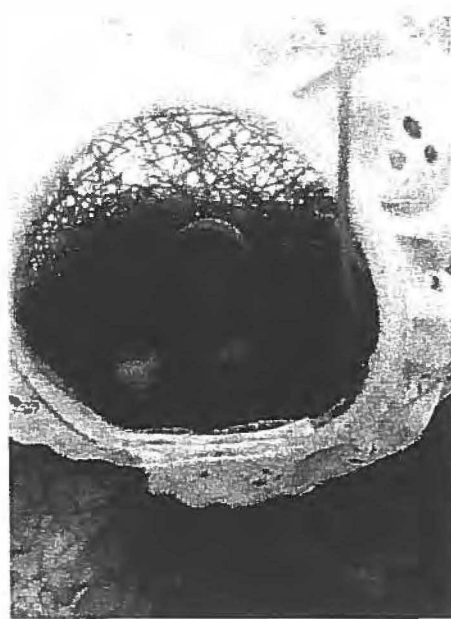
EASTER CRAFT

PLACE: CRAFT ROOM

DATE: MARCH 15TH AT 10 AM

MARCH 22ND AT 10 AM

You must sign up no later then MARCH 6TH.



A guest instructor will be teaching how to do the Easter Craft that is displayed above.

The 1st class is March 15th at 10 am. This will be the beginning process and you will finish on the 22nd at 10 am.

If you would like to sign up for this, please do so at the front desk sign in sheet. There will be no cost to you.

March 2018




March 2018							April 2018						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
4	5	6	7	8	1	2	1	2	3	4	5	6	7
11	12	13	14	15	16	17	8	9	10	11	12	13	14
18	19	20	21	22	23	24	15	16	17	18	19	20	21
25	26	27	28	29	30	31	22	23	24	25	26	27	28

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Feb 25	26	27	28	Mar 1	2	3
				10:00am Crafts 12:15pm Wal-Mart 2:00pm TRUE VINES BIBLE STUDY/SNACKS	10:30am Walking 11:30am Puzzle Handout	PEST CONTROL OUTSIDE THIS MONTH
4	5	6	7	8	9	10
	10:30am Walking 11:00am PUZZLE HANDOUT	10:00am Ceramics 10:30am Walking 12:15pm BANKS/FOODLAND	10:30am health checks 10:30am Walking 1:00pm Corner Market	10:00am Crafts 10:30am Walking 12:15pm Wal-Mart	10:30am Walking 11:30am Puzzle Handout	
11	12	13	14	15	16	17
	9:00am Special Bingo 10:00am G'dale Funeral Home/Snacks 1:00pm BIBLE STUDY	10:00am Ceramics 10:30am Walking	10:30am health checks 10:30am Walking	10:00am Crafts 10:30am Walking 12:15pm Wal-Mart	10:00am HALAL 11:30am Puzzle Handout	
18	19	20	21	22	23	24
	9:30am LET'S COLOR 10:30am Walking	10:00am Ceramics 10:30am Walking	10:30am health checks 10:30am Walking 1:00pm Corner Market 1:00pm Jerrigans	10:00am Crafts 10:30am Walking 12:15pm Wal-Mart	10:00am HALAL 11:30am Puzzle Handout	
25	26	27	28	29	30	31
	10:00am Jane Wall prescriptions cost	9:00am JCCCO 10:00am Ceramics 10:30am Walking	10:30am health checks 10:30am Walking	10:00am Crafts 10:30am Walking 12:15pm Wal-Mart	10:30am Walking 11:30am Puzzle Handout	

MARCH

ADSS NUTRITION PROGRAM

WINTER 2018

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>March is National Nutrition Month! Eat Right!</p> 			<p>1</p> <p>Chopped Steak/Gravy Whipped Potatoes Glazed Carrots Fresh Fruit Wheat Bread Margarine Lime Gelatin Milk</p>	<p>2</p> <p>Cranberry Juice Mesquite Chicken Drumsticks (2) Mixed Beans Green Beans/Red Peppers Texas Bread Margarine Chocolate Cake/Whipped Topping Milk</p>
<p>5</p> <p>Orange Juice Ham and Potato Casserole Mixed Vegetables Applesauce Wheat Roll Margarine Marshmallow Treat Milk</p>	<p>6</p> <p>Hamburger/Bun Baked Beans Coleslaw Lettuce /Onion/Tomato Ketchup/Mustard/Mayonnaise Hot Peach Cobbler Milk/Chocolate Milk</p>	<p>7</p> <p>Cranberry Juice Chicken and Rice Casserole Green Peas Garden Vegetables Wheat Bread Margarine White Cake Milk</p>	<p>8</p> <p>Tomato Juice Smoked Sausage/Bun Southwest Succotash Baked Potato Salad Diced Onions Mustard/Ketchup Lemon Pudding Milk</p>	<p>9</p> <p>Meatloaf/Tomato Gravy Garlic Whipped Potatoes Mustard Greens Fresh Fruit Cornbread Margarine Cherry Gelatin Milk/Buttermilk</p>
<p>12</p> <p>Cranberry Juice Breaded Chicken/Mushroom Gravy Field Peas/Snaps Parslied Carrots Wheat Bread Margarine Raisin Crème Pie Milk</p>	<p>13</p> <p>Orange Juice Sausage Patty (3) Cheese Grits Hot Spiced Apples Biscuit Margarine/Jelly Whole Grain Bran Flakes Milk</p>	<p>14</p> <p>Baked Ham Delmonico Potatoes Turnip Greens Fresh Fruit Cornbread Margarine Marble Cake Milk/Buttermilk</p>	<p>15</p> <p>Menu 14 Pineapple Juice Zesty Meatballs (3) Whole Grain Penne/Tomatoes Italian Green Beans Wheat Roll Margarine Strawberry Pudding Milk</p>	<p>16</p> <p>Taco Salad: Taco Meat Taco Salad Mix Pinto Beans Corn Chips Taco Sauce Sour Cream Orange Gelatin Milk</p>
<p>19</p> <p>Blended Juice Chicken Taco Soup Mexican Rice Mixed Fruit Saltine Crackers Margarine Fudge Brownie Milk</p>	<p>20</p> <p>BBQ Rib Patty Country Corn Broccoli Casserole Sliced Peaches Whole Wheat Bread Margarine Yellow Cake Milk</p>	<p>21</p> <p>Grape Juice Baked Chicken Thigh Lima Beans Mixed Greens Cornbread Margarine Raspberry Gelatin Milk/Buttermilk</p>	<p>22</p> <p>Spaghetti Casserole Peas and Carrots Tossed Salad/Ranch Dressing Fresh Fruit Texas Bread Margarine Assorted Snack Cakes/Cookies Milk</p>	<p>23</p> <p>Apple Cherry Juice Frankfurter/Bun Baked Beans Coleslaw Diced Onions Ketchup/Mustard/Mayonnaise Hot Apple Cobbler Milk/Chocolate Milk</p>
<p>26</p> <p>Orange Juice Brunswick Stew Buttered Rice Butter Beans Saltine Crackers Margarine Fudge Round Milk</p>	<p>27</p> <p>Sliced Turkey/Gravy Whipped Sweet Potatoes Okra and Tomatoes Mandarin Oranges/Pineapple Wheat Bread Margarine Fig Bar Milk</p>	<p>28</p> <p>Blended Juice Vegetable Plate: Macaroni & Cheese Black-eyed Peas Collard Greens Cornbread Margarine Pecan Spin Milk/Buttermilk</p>	<p>29</p> <p>Easter Theme Meal Orange Juice Glazed Ham Au Gratin Potatoes Peas and Carrots Wheat Roll Margarine German Chocolate Cake Milk</p>	<p>30</p>  <p>Happy Easter!</p>

To: Outreach Energy Sites

From: *Dorothy Crosby*
Dorothy Crosby, Energy Coordinator

Date: [REDACTED] *March 27, 2018*

Ref: Items needed for assistance

You must have the following documents to receive energy assistance:

1. Picture Identification.
2. Social Security Card.
3. Current gas bill. If totally electric your power bill.
4. Proof of income for 2018 (Social Security, SSI Award letter, Pension, VA Retirement, child support documentation and/or unemployment verification) **NO BANK STATEMENTS ACCEPTED.**
5. Notarized Statement of No Income. (To be completed for Household member(s) over 18 years of age did not receive income for the previous month of application).
6. Verification of residence (Lease, Deed, or Tax Card).
7. Completed **Pre-application form for LIHEAP assistance before JCCEO Intake Workers ARRIVE AT YOUR LOCATION.**

Please let us know the Friday prior to our visit the exact number of clients we are to service.

If there is a person in your household that does not have an income, FORM 125 Notarized Statement of No Income has to be completed. Also attached is FORM 124 Medical Statement.

You MUST have all these documents to receive energy assistance.

1. I need your application to be completed in full.
2. Appointments must be made no later than Wednesday March 21, 2018.
3. No appointments will be made after that date. (NO EXCEPTIONS)
4. ALL COPIES MUST BE MADE BEFORE DATE OF SERVICE ON MARCH 27th. (NO EXCEPTIONS)
5. A copier will be in the COMPUTER ROOM for your convenience.

Deborah Butler, Service Coordinator

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
PAYMENT ASSISTANCE CHART
PY 2018**

1 PERSON

Fuel Type Income Level	LP/Natural Gas	Electric	Wood/Coal/ Kerosene
0 - 502	370	350	330
503 - 1,005	340	320	300
1,006 - 1,507	310	290	270

↓
max Income 1 person
2 PERSON

Fuel Type Income Level	LP/Natural Gas	Electric	Wood/Coal/ Kerosene
\$ 0 - 676	380	360	340
677 - 1,353	350	330	310
1,354 - 2,030	320	300	280

↓
max Income 2 person
3 PERSON

Fuel Type Income Level	LP/Natural Gas	Electric	Wood/Coal/ Kerosene
\$ 0 - 850	390	370	350
851 - 1,701	360	340	320
1,702 - 2,552	330	310	290

4 PERSON

Fuel Type Income Level	LP/Natural Gas	Electric	Wood/Coal/ Kerosene
\$ 0 - 1,025	400	380	360
1,026 - 2,051	370	350	330
2,052 - 3,075	340	320	300

NOTE: Households with more than four persons will receive benefits in the same amount as the chart of four. Chart is based on 150% of the Federal Poverty Income guidelines.

5 person	\$3,597	9 person	\$5,687
6 person	\$4,120	10 person	\$6,210
7 person	\$4,642	11 person	\$6,732
8 person	\$5,165	12 person	\$7,254

↓
Each additional member add \$522

Add additional \$50 if you have determined that household has a high energy need, such as those with children (5) five and under, elderly or disabled members. \$50 cannot be split and crisis awards cannot exceed the minimum amount necessary to alleviate the crisis.



JCCEO Energy Services Agreement Form

Please check off each item you brought to your appointment:

- Proof of income for the previous month for all members of household SS or SSZ
 - Form 125 for all members of the household 18 years of age and *Letter*
 - ~~Letter~~ *Letter* that are reporting no income
 - Monetary contribution form (for clients whose rent exceeds income)
- Current proof of residence
- Current utility bill
- Social security card for all members of household
- Picture ID

DISCLAIMER

I agree that if I do not have ALL documents listed above at my scheduled appointment, I will:

- a) Respect the JCCEO Energy Services office staff;
- b) Respect the guidelines of the JCCEO Energy Services Program; and
- c) ~~_____~~ *Will Not Be Seen. No Exceptions.*

Client's Name (Printed): _____

Client's Signature: _____ Date: _____

Intake Worker's Signature: _____ Date: _____

Intake Worker's Notes: _____



Jefferson County Committee for Economic Opportunity
The Community Action Agency

300 Eighth Avenue, West | Birmingham, Alabama 35204-3129
Phone (205) 327-7500 | Fax (205) 326-4179 | Website: <http://www.jcceo.org>

The programs and services currently administered by Jefferson County Committee for Economic Opportunity are available at no cost to low-income residents of Jefferson County are listed below. JCCEO considers applicants for all services without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally-protected status.



JCCEO

Jefferson County Committee for Economic Opportunity LIHEAP Pre-Application Form

First Name (print): _____ Middle Initial _____ Last Name (print): _____

SSN: _____ DOB: _____ Intake Date (Today's Date): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: { } Cell Phone: { } Work Phone: { }

Gender: (Circle one) Male Female Primary Language: (Circle one) English Spanish Other

Marital Status: (Circle one) Single Married Divorced Partner Widowed Legally Separated

Race: (Circle one) Black White Multi-racial Other _____

Ethnicity: (Circle one) Hispanic, Latin or Spanish Decent Non-Hispanic, Latin or Spanish Decent

Family Type: <input type="checkbox"/> Single Person (Living Alone) <input type="checkbox"/> Single Person (Living with Partner) <input type="checkbox"/> Single Person Female (Living with children) <input type="checkbox"/> Single Person Male (Living with children) <input type="checkbox"/> Married (Living with children) <input type="checkbox"/> Married (no children in household) <input type="checkbox"/> Foster Parent (with foster children)		Living Arrangements: <input type="checkbox"/> Own <input type="checkbox"/> Rent-Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent-Unsubsidized		Education Level: <input type="checkbox"/> Adult- Grade 9 or less <input type="checkbox"/> Adult- Grade 10 <input type="checkbox"/> Adult- Grade 11 <input type="checkbox"/> Adult- Grade 12 <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> In College <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Training Certification	
Military Status: <input type="checkbox"/> None <input type="checkbox"/> Veteran	Work Status: <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long term - longer than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-Term - Less than 6 months)		Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults		
Applicant Characteristics: (Check all that apply) <input type="checkbox"/> Head of Household <input type="checkbox"/> Head of Household's spouse <input type="checkbox"/> JCCEO Employee <input type="checkbox"/> Relative of JCCEO Employee <input type="checkbox"/> Disabled/Handicapped <input type="checkbox"/> Food Stamps \$ _____		Housing Information: Monthly Rent/Mortgage payment amount \$ _____ Does government pay any portion of your rent? If so, how much? No Yes \$ _____ Do you receive an allowance for utilities? If so, how much? No Yes \$ _____			

Applicant Income Information		
Income Source	Occurance	Amount
<input type="checkbox"/> Wages	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> SSI	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> Social Security	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> TANF	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> Other	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly	

I have read, understand, and verify that all of the information on this form is true.

Applicant's signature:

Inatke-worker's signature:

Additional Household Member Information									
	First and Last Name	SSN	DOB	SEX	RACE	Highest Grade Completed	Relationship to Applicant (son, wife, etc)	Income source(s)	Amount
1.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> BLK <input type="checkbox"/> WHT <input type="checkbox"/> OTHER	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other		<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
2.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> BLK <input type="checkbox"/> WHT <input type="checkbox"/> OTHER	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other		<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Other	
3.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> BLK <input type="checkbox"/> WHT <input type="checkbox"/> OTHER	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other		<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Other	
4.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> BLK <input type="checkbox"/> WHT <input type="checkbox"/> OTHER	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other		<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Other	
5.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> BLK <input type="checkbox"/> WHT <input type="checkbox"/> OTHER	<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Other		<input type="checkbox"/> Wages <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security <input type="checkbox"/> Other	