



**Community Council of
South Central Texas, Inc.
Intake Application**

OFFICE USE ONLY!
Date/Time Received ____ / ____ / ____
Priority Elderly / Disabled / Child 5 or younger

Last Name	First Name	Middle Initial:
Physical Address:		Apt.#
City, State, Zip		County:
Home Phone:	Work Phone:	Cell Phone:
Mailing Address (if different):		Apt.#
City, State, Zip		County:
Email Address:		

REMINDER: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

- Applications will be accepted only on drop off days and will be processed according to priority and date received. **Please allow 4 to 6 weeks** for determination of eligibility before checking on your application.
- You are still responsible to pay your bill until your application is processed and you are notified.
- This application is for screening purposes only and does not guarantee your eligibility to receive services. Payments are made to the utility companies within 45 days from the date of the voucher and are subject to availability of funds.

Required Documents:

1. Completed application
2. Social cards for all household members
3. **Proof of Citizenship and identity for ALL household members. NO EXCEPTIONS!**

ONE OF THESE	OR	VALID PHOTO ID	AND ONE OF THESE
Valid Passport Certificate Of Naturalization Certificate Of Us Citizenship Us American Tribal Enrollment Card With Photo		State Issue Driver's License, Military Card, State Issue Id Card, State Offender Card, Current School Id	Certified Copy - State Issued Birth Certificate (Not The Footprint Record) Permanent Resident Card Non-Immigrant Cards Refugee/Asylee Card.

4. **Proof of ALL income FOR THE PAST 30 DAYS** for every household member **18 years or older**, who works or receives assistance. (Check stubs, Social Security/SSI, award letters including minor children receiving any type of SS benefit included) **Letters must be from Social Security Administration and must reference or be dated for the current year**, VA letter, unemployment, TANF letter, retirement, pension, child support, etc.
5. If any household member 18 or over is **NOT** receiving any income, you must complete the attached Declaration of Income Statement.
6. **A 12 month billing history from each of your energy providers (Electric Natural Gas and/ or Propane)**
NOTE: if you have lived in the residence less than 12 months you must provide history for as many months as possible.
7. Your current utility bill, any bills that are past due for Electricity **and** a disconnect notice if applicable.

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You MUST answer each question completely for each person in the home!

1. Head of Household Name _____ **SS#** _____

Please circle your answers below					
Date of Birth	Gender	Race	Education	Seasonal Worker	Work Status 18 or over
	Male	Black/African	0-8		Disabled
	Female	American	9-12	Farmer	Employed Full-Time
Is Hispanic? Yes No	None	Hispanic	HS Grad	Migrant Work	Employed Part-Time
	Other	White	GED	Seasonal Work	Unemployed 6 month +
Is a Veteran? Yes No		Alaskan Native	12+ college	Other	Unemployed less than 6 mos.
		American Indian	2/4 yr Grad	None	Retired
Is Disabled? Yes No		Asian			
		Multi-Race			
Health Insurance Circle ALL that apply	Is Currently Receiving Other income? Circle ALL that apply		Receives Non-Cash Benefits Circle ALL that apply		Relationship to Applicant
Direct purchase	Alimony/Spousal Support	Child Support	Affordable Care Act Subsidy	Self	
Employment based	Pension	Private Disability	Childcare Voucher	Spouse	
Medicaid	SS Disability	SS Retirement	Housing Choice Voucher	Child	
Medicare	SSI	TANF	HUD-VASH	Grandchild	
Military Health Care	Unemployment Benefit	None	Public Housing	Other	
CHIP	VA Non-Service Connected Disability		SNAP		
State Health for Adults	VA Service Connected Disability		WIC		
None	Workers Compensation		None		

2. Household Member Name _____ **SS#** _____

Please circle your answers below					
Date of Birth	Gender	Race	Education	Seasonal Worker	Work Status 18 or over
	Male	Black/African	0-8		Disabled
	Female	American	9-12	Farmer	Employed Full-Time
Is Hispanic? Yes No	None	Hispanic	HS Grad	Migrant Work	Employed Part-Time
	Other	White	GED	Seasonal Work	Unemployed 6 month +
Is a Veteran? Yes No		Alaskan Native	12+ college	Other	Unemployed less than 6 mos.
		American Indian	2/4 yr Grad	None	Retired
Is Disabled? Yes No		Asian			
		Multi-Race			
Health Insurance Circle ALL that apply	Is Currently Receiving Other income? Circle ALL that apply		Receives Non-Cash Benefits Circle ALL that apply		Relationship to Applicant
Direct purchase	Alimony/Spousal Support	Child Support	Affordable Care Act Subsidy	Self	
Employment based	Pension	Private Disability	Childcare Voucher	Spouse	
Medicaid	SS Disability	SS Retirement	Housing Choice Voucher	Child	
Medicare	SSI	TANF	HUD-VASH	Grandchild	
Military Health Care	Unemployment Benefit	None	Public Housing	Other	
CHIP	VA Non-Service Connected Disability		SNAP		
State Health for Adults	VA Service Connected Disability		WIC		
None	Workers Compensation		None		

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3. Household Member Name _____ **SS#** _____

Please circle your answers below					
Date of Birth	Gender	Race	Education	Seasonal Worker	Work Status 18 or over
	Male	Black/African	0-8		Disabled
	Female	American	9-12	Farmer	Employed Full-Time
Is Hispanic? Yes No	None	Hispanic	HS Grad	Migrant Work	Employed Part-Time
	Other	White	GED	Seasonal Work	Unemployed 6 month +
Is a Veteran? Yes No		Alaskan Native	12+ college	Other	Unemployed less than 6 mos.
		American Indian	2/4 yr Grad	None	Retired
Is Disabled? Yes No		Asian			
		Multi-Race			
Health Insurance Circle ALL that apply	Is Currently Receiving Other income? Circle ALL that apply		Receives Non-Cash Benefits Circle ALL that apply		Relationship to Applicant
Direct purchase	Alimony/Spousal Support	Child Support	Affordable Care Act Subsidy	Self	
Employment based	Pension	Private Disability	Childcare Voucher	Spouse	
Medicaid	SS Disability	SS Retirement	Housing Choice Voucher	Child	
Medicare	SSI	TANF	HUD-VASH	Grandchild	
Military Health Care	Unemployment Benefit	None	Public Housing	Other	
CHIP	VA Non-Service Connected Disability		SNAP		
State Health for Adults	VA Service Connected Disability		WIC		
None	Workers Compensation		None		

4. Household Member Name _____ **SS#** _____

Please circle your answers below					
Date of Birth	Gender	Race	Education	Seasonal Worker	Work Status 18 or over
	Male	Black/African	0-8		Disabled
	Female	American	9-12	Farmer	Employed Full-Time
Is Hispanic? Yes No	None	Hispanic	HS Grad	Migrant Work	Employed Part-Time
	Other	White	GED	Seasonal Work	Unemployed 6 month +
Is a Veteran? Yes No		Alaskan Native	12+ college	Other	Unemployed less than 6 mos.
		American Indian	2/4 yr Grad	None	Retired
Is Disabled? Yes No		Asian			
		Multi-Race			
Health Insurance Circle ALL that apply	Is Currently Receiving Other income? Circle ALL that apply		Receives Non-Cash Benefits Circle ALL that apply		Relationship to Applicant
Direct purchase	Alimony/Spousal Support	Child Support	Affordable Care Act Subsidy	Self	
Employment based	Pension	Private Disability	Childcare Voucher	Spouse	
Medicaid	SS Disability	SS Retirement	Housing Choice Voucher	Child	
Medicare	SSI	TANF	HUD-VASH	Grandchild	
Military Health Care	Unemployment Benefit	None	Public Housing	Other	
CHIP	VA Non-Service Connected Disability		SNAP		
State Health for Adults	VA Service Connected Disability		WIC		
None	Workers Compensation		None		

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5. Household Member Name _____ SS# _____

Please circle your answers below					
<u>Date of Birth</u>	<u>Gender</u>	<u>Race</u>	<u>Education</u>	<u>Seasonal Worker</u>	<u>Work Status 18 or over</u>
	Male	Black/African	0-8		Disabled
	Female	American	9-12	Farmer	Employed Full-Time
<u>Is Hispanic?</u> Yes No	None	Hispanic	HS Grad	Migrant Work	Employed Part-Time
	Other	White	GED	Seasonal Work	Unemployed 6 month +
<u>Is a Veteran?</u> Yes No		Alaskan Native	12+ college	Other	Unemployed less than 6 mos.
		American Indian	2/4 yr Grad	None	Retired
<u>Is Disabled?</u> Yes No		Asian			
		Multi-Race			
Health Insurance Circle ALL that apply	Is Currently Receiving Other income? Circle ALL that apply		Receives Non-Cash Benefits Circle ALL that apply		Relationship to Applicant
Direct purchase	Alimony/Spousal Support	Child Support	Affordable Care Act Subsidy		Self
Employment based	Pension	Private Disability	Childcare Voucher		Spouse
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Medicare	SSI	TANF	HUD-VASH		Grandchild
Military Health Care	Unemployment Benefit	None	Public Housing		Other
CHIP	VA Non-Service Connected Disability		SNAP		
State Health for Adults	VA Service Connected Disability		WIC		
None	Workers Compensation		None		

6. Household Member Name _____ SS# _____

Please circle your answers below					
<u>Date of Birth</u>	<u>Gender</u>	<u>Race</u>	<u>Education</u>	<u>Seasonal Worker</u>	<u>Work Status 18 or over</u>
	Male	Black/African	0-8		Disabled
	Female	American	9-12	Farmer	Employed Full-Time
<u>Is Hispanic?</u> Yes No	None	Hispanic	HS Grad	Migrant Work	Employed Part-Time
	Other	White	GED	Seasonal Work	Unemployed 6 month +
<u>Is a Veteran?</u> Yes No		Alaskan Native	12+ college	Other	Unemployed less than 6 mos.
		American Indian	2/4 yr Grad	None	Retired
<u>Is Disabled?</u> Yes No		Asian			
		Multi-Race			
Health Insurance Circle ALL that apply	Is Currently Receiving Other income? Circle ALL that apply		Receives Non-Cash Benefits Circle ALL that apply		Relationship to Applicant
Direct purchase	Alimony/Spousal Support	Child Support	Affordable Care Act Subsidy		Self
Employment based	Pension	Private Disability	Childcare Voucher		Spouse
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CHIP	VA Non-Service Connected Disability		SNAP		
State Health for Adults	VA Service Connected Disability		WIC		
None	Workers Compensation		None		

Please request additional pages if needed.

**Community Council of South-Central Texas, Inc.
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Housing Information:				
Type	Private Home ___	Mobile Home ___	Apartment/Duplex ___	Other _____ # Bedrooms _____
Subsidized/Public Housing?	Y / N	Own: ___ Yes ___ No	Monthly Mortgage \$ _____	
Rent ___ Yes ___ No	Monthly Rent	\$ _____	Utilities included in rent?	Y / N
Prior Weatherization Assistance?	Y / N	Date completed?	House built date:	
Utility Information:				
Is the light bill under a different name? Who: _____ (You must bring a letter from this person, if this person is not a household member, stating that you are responsible for the bill)				
Electric Company: _____ Account # _____ Heating ___ Cooling ___ Both ___				
Natural Gas Company: _____ Account # _____ Heating ___ Cooling ___ Both ___				
Propane Company: _____ Account # _____ Heating ___ Cooling ___ Both ___				
Type of A/C: Central ___ Evaporative Cooler ___ Window Unit ___ None _____				
Type of Heater: Central ___ Space Heater ___ Wall Furnace ___ Fireplace ___ Stove _____				
Is your A/C or Heater working properly? Yes No Are you in need of A/C or Heater Repair? Yes No				
Priority Information:				
1. Have you ever received services from Community Council of South Central Texas, Inc.				Y / N
2. Is anyone in the household 60 years of age or older?				Y / N
3. Is anyone in the household disabled? Who? _____				Y / N
4. Are there any children 5 years or younger in the household?				Y / N
5. Is anyone in the household a veteran?				Y / N
6. Is anyone living in your household age 14-24 not going to school or working? Who? _____				Y / N
Case Management				
Are you willing to actively participate in CCST's Case Management Program and commit to meeting with a Case manager a minimum of once a month to increase your income/education/circumstances in order to become more self-sufficient?				Y / N
Conflict of Interest Information:				
1. Is anyone in the household currently an employee, agent, consultant, officer or board member of Community council of South Central Texas, Inc.?				Y / N
If YES, identify who and their position _____				
2. Is anyone in the household related to anyone currently serving as an employee, agent, consultant, officer or board member of Community council of South Central Texas, Inc.?				Y / N
If YES, identify who and their position _____				
FOR OFFICE USE ONLY: If there is a COI, this application requires the Executive Director's Approval and must be reviewed by the Program Director and a selection of peers.				

I certify that the information on this application is true and correct. I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant Signature

Date



Community Council of South Central Texas, Inc.
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COVID-19 Questionnaire

Please circle your answer to the questions below

- | | | |
|--|-----|----|
| 1. A household member has lost a job due to COVID-19 | Yes | No |
| 2. A household member is experiencing a reduction of work hours due to COVID-19 | Yes | No |
| 3. A household member had to file for unemployment benefits due to COVID-19 | Yes | No |
| 4. A household member is receiving unemployment benefits due to COVID-19 | Yes | No |
| 5. I am not able to work due to loss of child care/school for my child due to COVID 19 | Yes | No |
| 6. My household is experiencing another hardship due to COVID-19 | Yes | No |

If you answered yes to question #6, please explain:

I agree to allow CCSCT and its affiliates to use my image or likeness in electronic form and in any publication or written material. CCSCT and its affiliates may use my name, picture, story, and/or information about me including city/state. Use of my information will only be used for promotional and/or educational purposes. I hereby agree to hold CCSCT and its affiliates harmless from any liability from any statements and actions depicted or described in the information, text and graphic representations herein submitted.

#TexansHelpingTexans CCSCT will be sending photos to HEB marketing of gift card recipients. Please send your photo to dflores@ccsct.org. Remember to use social distancing and all precautionary recommendations when taking photos. We suggest photo to contain one non-minor family member holding up the card in a well-lit setting. It is also an option to get a photo taken when picking up card through drive thru. If possible, please also wear a red clothing item such as shirt, blouse, cap, or jacket in the photo. We thank you in advance for your participation.

Applicant signature

Date

CCSCT Staff signature

Date



Community Council of South-Central Texas, Inc.
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Screening Questions

1. What has been your experience with education and employment in the past?

2. Do you have a specific goal with education and employment? _____

3. Where do you see yourself in six months? _____

4. Are there any other key goals in areas that we discussed in the CCSCT outcome matrix that you would like to work on? _____

5. Are you ready to make changes in your life to become less reliant on assistance?

6. Do you have any obstacles that may prevent you from achieving your goals? If yes, what are they?

Case Worker Assessment on whether the Participant would be a good candidate for enrollment in the CCSCT Case Management program (yes or no and why)



Community Council of South-Central Texas, Inc.

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Family Needs Questionnaire

For each section, please check the statement that most closely reflects your situation.

INCOME (Check One)

- My income can pay all my expenses and I regularly save for large purchases, retirement, or emergencies.
- My income can pay all my expenses and I occasionally can save for large purchases, retirement or emergencies.
- My income is enough to cover all my regular expenses.
- My income is not enough to cover all my regular expenses.
- I have no income.

FOOD AND NUTRITION (Check One)

- Always able to buy food and eat well balanced meals.
- Usually able to buy food and eat well balanced meals.
- Receive assistance (food stamps/food pantry) in order to eat well balanced meals.
- If we didn't receive assistance, (food stamps/food pantry) we would not be able to eat well balanced meals.
- Limited or no food

MY EMPLOYMENT STATUS IS (Check All That Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Retired | <input type="checkbox"/> With Pension | <input type="checkbox"/> Without Pension |
| <input type="checkbox"/> Full-Time Work Above Minimum Wage | <input type="checkbox"/> With Benefits | <input type="checkbox"/> Without Benefits |
| <input type="checkbox"/> Full-Time Work At Minimum Wage | <input type="checkbox"/> With Benefits | <input type="checkbox"/> Without Benefits |
| <input type="checkbox"/> Part-Time Work | <input type="checkbox"/> With Benefits | <input type="checkbox"/> Without Benefits |
| <input type="checkbox"/> Unemployed Seeking Employment | <input type="checkbox"/> I Have Work History | <input type="checkbox"/> I Don't Have Work History |
| <input type="checkbox"/> Unemployed Not Seeking Employment | | |

MY HOUSING SITUATION (Check All That Apply)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> I Own My Home | <input type="checkbox"/> Paid In Full | <input type="checkbox"/> Can't Afford Mortgage | <input type="checkbox"/> In Foreclosure |
| <input type="checkbox"/> I Rent A Home or Apartment | | <input type="checkbox"/> It's What I Want | <input type="checkbox"/> It's All I Can Afford |
| <input type="checkbox"/> I Live In Public/Assisted/Subsidized Housing | | | |
| <input type="checkbox"/> I Live With Others | <input type="checkbox"/> Permanently | <input type="checkbox"/> Temporary | |
| <input type="checkbox"/> I Live In A Shelter | <input type="checkbox"/> 60-90 Day Transitional Shelter | | <input type="checkbox"/> Temporary 30 Day Shelter |
| <input type="checkbox"/> I Feel Safe In My Home | <input type="checkbox"/> I Do Not Feel Safe In My Home | | |
| <input type="checkbox"/> I Don't Have A Home | | | |

MY EDUCATION LEVEL (Check One)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Associate's | <input type="checkbox"/> Bachelor's BA/BS | <input type="checkbox"/> Master's MA/MS | <input type="checkbox"/> Doctorate Phd. |
| <input type="checkbox"/> Vocational or Technical Certification | | | |
| <input type="checkbox"/> Some College Hours | | | |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Working Toward A High School Diploma or GED | | |
| <input type="checkbox"/> I Did Not Graduate High School | | | |

TRANSPORTATION (Check All That Apply)

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> I Own A Car | <input type="checkbox"/> Buying A Car | <input type="checkbox"/> Borrow A Car | <input type="checkbox"/> Car Needs Repairs |
| <input type="checkbox"/> I Use Public Transportation | <input type="checkbox"/> Cannot Afford Public Transit | | <input type="checkbox"/> Car Purchase Unaffordable |
| <input type="checkbox"/> I Get A Ride From Someone | <input type="checkbox"/> I Don't Have Access To Public Transit | | |

DEPENDENT CARE (Check All That Apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> I Don't Have Dependents | <input type="checkbox"/> Dependent Child | <input type="checkbox"/> Dependent Adult | |
| <input type="checkbox"/> Dependent Enrolled In Care Program | <input type="checkbox"/> Subsidized | <input type="checkbox"/> Unsubsidized | <input type="checkbox"/> On Waiting List |
| <input type="checkbox"/> Cared For By Family/Friends | <input type="checkbox"/> Don't Have Care For My Dependent Household Member | | |

HEALTH CARE (Check All That Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> I Don't Have Insurance | <input type="checkbox"/> I Go To Mexico | <input type="checkbox"/> Only Seek Care In Emergency |
| <input type="checkbox"/> Employer/Private Insurance & It Is | <input type="checkbox"/> Affordable | <input type="checkbox"/> Unaffordable |



Community Council of South-Central Texas, Inc. Intake Application

AUTHORIZATION AND RELEASE OF INFORMATION AND TERMINATION OF SERVICES

1. I am an applicant of the Community Council of South Central Texas, Inc. (CCSCT), Community Services Program.
2. I certify that the information I provided is true and correct to the best of my knowledge and belief.
3. I hereby give my permission to release any information and understand that it will be kept in the strict confidence and be used ONLY for the program purpose.
4. I understand that a photocopy or fax of this release is as valid as the original.
5. I also give CCSCT, Community Services Program permission to share with, to inquire about, make pledges and to receive all information from other agencies, utility vendors or employers as needed.
6. I understand that my **GROSS** income is annualized at the time of the application according the pre-established rules and procedures in order to determine eligibility for assistance.
7. I understand that if I move, change my utility company, or phone number, I must notify CCSCT within 10 days.
8. I understand that if any member of the household 18 years or older has no income, the Declaration of Income Statement must be completed. No one who provided documented proof of income should be listed on this form.
9. I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.
10. I have either read the above statement or had it read and explained to me, I understand it perfectly.
11. You will be terminated from the CEAP Program immediately for the following offenses if committed by you, the applicant or any household member:
 - a. Any type of actual physical confrontation, belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside any CCSCT office.
 - b. Verbal abuse to include cussing at or in the presence of a child, elderly person or staff member or any other person(s) while inside or outside any CCSCT office. This also includes social media posts!
 - c. Sexual harassment or innuendo toward a staff member or any other person(s) while inside or outside any CCSCT office.
 - d. Providing false or misleading information regarding any household member(s)
 - e. Theft from agency or staff member or any other person(s) while inside or outside any CCSCT office. Theft is also identified as not returning CCSCT funds if required to do so or Forgery.
 - f. Violation of CCSCT concealed and open carry handgun and firearm policy.

I acknowledge that once terminated, I will not be allowed to reapply for any services with the Community Council of South Central Texas, Inc. (CCSCT) for a period of 1 – 2 years depending on the severity of the violation; and the ban from services will remain in effect even if the person(s) who committed the violation moves out. I acknowledge that all documentation of the violation will be maintained in my client file; and that I shall have the right to appeal in writing to the Program Director within 10 days of the violation.

I certify that the information on this application is correct and I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant's Signature: _____

Date: _____

Staff Signature: _____

Date: _____

(When application is accepted/logged in)



Community Council of South-Central Texas, Inc. Intake Application

CEAP PROGRAM AGREEMENT

Please initial each statement:

_____ I acknowledge that CCSCT CS pays my utility company for the UAC program based on the **previous year bills.**

_____ I understand that I must pay the difference from the current bill and what CCSCT CS pays. It is my responsibility to inform CCSCT CS of any household changes immediately.

_____ I understand that I must inform CCSCT CS **within 10 days**, if I change my utility company, telephone number or move to another residence.

_____ I understand that I must reimburse CCSCT if I fail to inform CCSCT CS of any of the above mentioned changes. I understand that assistance is based on availability of funds. **If funds are exhausted, I must pay my own bill or make arrangements with the utility company**

_____ I have read and understand this agreement and CCSCT staff has briefed me on my responsibilities and goals that I need to achieve.

_____ I understand that this is not an entitlement, but a resource to help me become energy self-sufficient.

- **CCSCT does not pay late fees, security lights, water, sewer, fees or any deposits payment to the utility company. All vouchers are issued directly to the utility company. Any CCSCT funds paid to the utility company when client changes vendors, duplicate payments or account changes must be repaid to CCSCT.**
- **As per TAC Rule CCSCT is required to obtain proof of citizenship for all household members. Households that include an unqualified alien will have their income calculated; but will not be counted as a household member. Households with only unqualified aliens are not eligible to receive CEAP benefits.**



Community Council of South Central Texas, Inc.
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TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS



Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for WAP and CEAP

The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	US Citizen (Born or Naturalized) or U.S. National		Qualified Alien	OFFICE USE ONLY	
	Yes	No		Documentation Status	Provided for: Identification
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	
	Yes	No	Yes	No	

To add additional household members, use another copy of this form

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.

APPLICANT SIGN HERE _____ **Date:** _____

_____ **Signature of agency staff certifying the above documents** _____ **Print Staff Name** _____ **Date**



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ENERGY CONSERVATION TIPS

- Keep doors and windows closed and windows closed and latched in winter.
Mantenga las puertas y ventanas cerradas en invierno.
- Set furnace thermostat as low as comfortable.
Ajuste el termostato tan bajo como sea cómodo.
- Turn down thermostat at night and when away.
Baje el termostato por la noche y cuando esté lejos.
- Open drapes on winter days.
Abra las cortinas en tiempo de invierno.
- Perform routine furnace maintenance.
Realizar mantenimiento de rutina en el calentador.
- Turn off furnace pilot in summer.
Apague el piloto del calentador durante el verano.
- Open Windows for evaporative cooling.
Abra las ventanas cuando use los avánicos de evaporador.
- Close drapes on summer days.
Cierre las cortinas durante el verano.
- Perform routine cooler maintenance.
Realizar mantenimiento de rutina en el aire acondicionado.
- Drain water heater sediment periodically.
Vaciar el calentador de agua de vez en cuando.
- Turn off lights and appliances when not in use.
Apague las luces y aparatos eléctricos cuando no están en uso.
- Dry full loads in clothes dryer and use clothesline when applicable.
Secar bultos grandes en la secadora y tienda afuera si es posible.
- Cook with small appliances rather than oven.
Cocine con aparatos chicos en vez de el horno.
- Clean refrigerator coils regularly.
Limpie el inductor de su refrigerador regularmente.
- Set water heater thermostat as low as possible.
Mantenga el termostato de su calentador de agua lo más bajo posible.
- Wash clothes with cold or warm water and rinse with cold water.
Lavar ropa con agua fría o tibia y enjuagar con agua fría.

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**DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)**

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveída de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

Community Council of South-Central Texas, Inc.
Intake Application

Customer/Client Satisfaction Survey

Instructions: We need your feedback to help improve service and plan for the future.

Check the box to indicate which service(s) you received:

- Utility Assistance
 Weatherization
 WIC
 Education Services
 Employment Services
 Rental Assistance
 Case Management
 Referral
 Emergency Assistance
 Other _____

List the county where you receive services: _____

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. When I entered the building, I was greeted and felt welcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The facilities were clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I was assisted in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I was treated with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My needs were met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I was informed about other CCSCT programs or community services that could benefit me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I found the program service(s) helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was satisfied with my overall experience and the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am likely to use the program service(s) again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would recommend CCSCT to family/friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would be willing to participate in a discussion group to help CCSCT continue to improve. (Include name and phone number below)

Name: _____ Phone: _____

Comments/How can we better serve you? (If you were not satisfied, please tell us why).