



Central Texas Opportunities, Inc.

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 Coleman, TX 76834
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 (325) 641-9180
 (Brownwood)

FOR OFFICE USE ONLY

Received _____
 _____ VA _____ Priority
 _____ CM _____ N Priority

Intake Application

Name:		Primary Phone Number:	
Physical Address:		Apt #:	
City/State/Zip:		County:	
Mailing Address(if different from physical):		Apt #:	
City/State/Zip:			
(Circle One) Own * Rent * Other Permanent Housing * Homeless * Other			
Alternate Contact Name:		Phone:	

REQUIRED SUPPORT DOCUMENTS (Absence of any Support documents will cause a delay in processing)

- _____ **PROOF OF INCOME FOR THE LAST 30 DAYS FOR ALL HOUSEHOLD MEMBERS 18 & OLDER (2019 SOCIAL SECURITY/VA AWARD LETTER, CHECK STUBS, TANF LETTER, UNEMPLOYMENT BENEFIT)**
- _____ **CURRENT ELECTRIC AND/OR GAS BILLS**
- _____ **12 MONTH BILLING HISTORY FROM ELECTRIC AND/OR GAS COMPANIES**
- _____ **DISCONNECTION NOTICE IF YOU HAVE RECEIVED ONE**
- _____ **ARE YOU DISABLED, BUT NOT RECEIVING SOCIAL SECURITY BENEFITS? COMPLETE THE CERTIFICATION OF DISABILITY FORM IN THE APPLICATION**
- _____ **IS A HOUSEHOLD MEMBER OVER 18 NOT RECEIVING ANY INCOME? COMPLETE THE DECLARATION OF INCOME FORM IN THE APPLICATION**
- _____ **RECORD OF MILITARY SERVICES OR BENEFITS FOR SURVIVING SPOUSES OR DEPENDENTS**

PLEASE REMEMBER: Applications are processed in the order it is received and by priority rating scale. Until your application is processed, you will be responsible for your utility bills and any late fees that occur.

- ❖ If you have on document from List A, no further documentation is needed. Each MEMBER of the household must prove citizenship.

List A
Fully-valid, undamaged U.S passport card (can be expired)
U.S American Indian or Alaskan Native tribal enrollment or membership card with photo

- ❖ Provide documents from List B and List C for **EACH MEMBER** of the household if you don't have a document from List A.

List B		
<u>ONE of the following:</u>	OR	<u>TWO of the following:</u>
Birth Certificate		Hospital birth Certificate
Certificate of Birth Abroad		U.S. Census record
		Early school records
		Doctor records of post-natal care
		Baptism certificate
		Family Bible record
		Form DS-10: Birth Affidavit

&

List C		
<u>ONE of the following:</u>	OR	<u>TWO of the following:</u>
Texas DL or photo ID (expired up to 2 yrs.)		Learner's or Temp Driver's Permit
Government employee ID		In-state, fully valid non-driver
U.S. military or military dependent ID		Temp driver's license
Current (valid) foreign passport		Social Security card
Matricula Consular ID		Voter registration card
Trusted Traveler ID's		Employee work ID
Native American/Tribal Cards with photo		Student ID
Temporary DL with photo		School yearbook with identifiable photograph
Out-of-State DL		Selective Service card
Ce concealed Hand Gun License		Medicare or other health card
Valid Consular Document		Certified copy of Birth Certificate/Birth Rec.
Texas Offender ID		Certified copy of Birth Abroad
Federal Inmate ID		Pilot's license
		Parole or mandatory release certificate
		Professional license issued by Texas
		W-2 or 1099 form
		School records
		Military records
		Unexpired US military dependent ID
		Veteran Health ID
		Selective Service card
		Marriage certificate or divorce decree
		Any insurance policy
		Texas motor vehicle registration or title
		Texas boat registration or title
		Immunization records
		Federal parole or release certificate
		Tribal membership card
		Certificate of Degree of Indian Blood

Establish parental/guardian relationship using one of the following documents (the document must list the name of the parent/guardian) For children under the age of 18 years:
U.S. birch certificate
Consular Report of Birth Abroad
Foreign birth certificate
Adoption decree
Divorce/Custody decree
Unexpired Notarized Authorization Agreement for Voluntary Adult Caregiver signed by at least one of the child's parents or legal guardians
Department of Family and Protective Services Form 2085FC

U.S. Citizenship and Immigration Documentation	
I-551 (Permanent Resident Card)	Naturalization Certificate
I-766 (Employment Authorization Card)	Certificate of Citizenship
I-94 (Arrival/Dept. Record) Foreign Passport	I-571 (Refugee Travel Document)
I-94 (Arrival/Dept. Record)	I-327 (Reentry Permit)
Unexpired Foreign Passport	Machine Readable Immigrant Visa
I-20 (Nonimmigrant Student Status)	Temporary I-551 Stamp
DS2019 (Exchange Visitor)	Other (Select If Document Not Listed)

**CENTRAL TEXAS OPPORTUNITIES, INC.
INTAKE APPLICATION**

Dear Applicant:

The information on this form is needed to determine your household's eligibility. Please complete this entire form and leave no blanks.

Household Member	Relationship to applicant	Social Security Number	Race American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Multi-race	Hispanic/Latino? Y or N	Gender Male Female Other	Date of Birth	Disabled Y or N	Insurance Y or N	Type of Insurance Direct-Purchased Employment based Medicaid Medicare Military Health Card State Children's Health Insurance	Education 0-8 9-12/Non-Grad HS Grad/GED 12+Post Secd. College 2or4 Yr Grad. Grad/other post-sec. school
1.	SELF									
2.										
3.										
4.										
5.										
6.										
7.										

Note: Use additional sheets if there are more than seven members living in the household

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	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Status	Identification

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

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.		
Applicant's Signature		Date
Signature of agency staff certifying they verified the above documents	Print Staff Name	Date

**CENTRAL TEXAS OPPORTUNITIES, INC.
INTAKE APPLICATION**

SOURCES OF HOUSEHOLD INCOME (List ALL income of adults and children that are 18 years of age or older for the last 30 days)					
Identify income from any of the following sources: (circle yes or no)					
Income from Employment ONLY Household Member #1: How often are you paid? Monthly or Weekly Twice month or Three times month	Yes	No	VA Service-Connected Disability Compensation	Yes	No
Household Member #2: How often are you paid? Monthly or Weekly Twice month or Three times month					
Income from Employment & Other Income Sources	Yes	No	VA Non-Service Connected Disability Pension	Yes	No
Income from Employment, Other Income Source, & Non-Cash Benefits	Yes	No	Private Disability Insurance	Yes	No
Other Income Source ONLY	Yes	No	Worker's Compensation	Yes	No
Other Income Source & Non-Cash Benefits	Yes	No	Retirement Income from SS	Yes	No
No Income	Yes	No	Pension	Yes	No
Non-Cash Benefits ONLY	Yes	No	Child Support	Yes	No
TANF	Yes	No	Alimony or other Spousal Support	Yes	No
Supplemental Security Income (SSI)	Yes	No	Unemployment Insurance	Yes	No
Social Security Disability Income (SSDI)	Yes	No	EITC	Yes	No
Other:	Yes	No			

NON-CASH BENEFITS					
Identify income from any of the following sources: (circle yes or no)					
SNAP	Yes	No	Amount:	\$	
WIC	Yes	No	Amount:	\$	
LIHEAP	Yes	No	Amount:	\$	
Housing Choice Voucher(HUD)	Yes	No	Amount:	\$	
Public Housing	Yes	No	Amount:	\$	
Permanent Supportive Housing	Yes	No	Amount:	\$	
HUD-VASH (Veterans ONLY)	Yes	No	Amount:	\$	
Childcare Voucher	Yes	No	Amount:	\$	
Affordable Care Act Subsidy	Yes	No	Amount:	\$	
Other	Yes	No	Amount:	\$	

HOUSING INFORMATION

Type: (circle one) Private Home Mobile Home Apartment Subsidized or Public Housing
 Do you own? (circle one) Yes No Mortgage/Month? _____
 Do you rent? (circle one) Yes No Rent/Month? _____ Utilities included? Yes No
 Are you interested in receiving rental assistance? (circle one) Yes No
 Landlord Information Name: _____ Phone: _____
 Address: _____

UTILITY INFORMATION

Electric Service Vendor:	Account #	Heating Cooling Both
Natural Gas Service Vendor:	Account #	Heating Cooling Both
Propane Service Vendor:	Account #	Heating Cooling Both
Water Vendor:	Account #	Heating Cooling Both
Type of A/C: (circle one) Central Evaporative Window Unit None	Type of Heater: (circle one) Central Electric Heater Fire Place Space Heater Wall Furnace None	

VETERAN INFORMATION

- Are you, or anyone in the household a Veteran, Surviving Spouse of a Veteran, or a Dependent of a Veteran? Yes No
 If yes, please identify which household member and circle the category that describes them.
 Household Member Name: _____ Veteran Surviving Spouse of a Veteran Dependent of a Veteran
- Have you ever served in the National Guard? (circle one) Yes No
- Have you ever served in the Military, excluding ROTC? (circle one) Yes No

PRIORITY INFORMATION

- Have you ever received services with CTO? YES NO
- Is anyone enrolled in secondary education or registered with the Texas Workforce within the last 30 days? YES NO
- Is anyone in the household 60 years of age or older? YES NO
- Is anyone in the household disabled? YES NO
- Are there any children 5 years of age or younger in the household? YES NO
- Are you interested in receiving case management services to increase income/education level? YES NO

CONFLICT OF INTEREST INFORMATION

- Is anyone in the household currently serving or related to an employee, agent, consultant, officer or elected or appointed official of Central Texas Opportunities, Inc.? NO YES If YES, identify who? _____
 For Office Use Only: If there is a Conflict of Interest, this application requires the Executive Director's Signature.
 Executive Director Signature: _____

SITUATION DOCUMENTATION

Note: Services cannot be provided unless this page is completed

Please tell us what your personal or family financial situation is documenting why you need assistance: _____

If there is no household income in the last 30 days how have you been living with no income? What sources are you using to pay for rent, utilities and/or other necessities? _____

When was the last income received and where did it come from? _____

1. The information provided is true and correct to the best of my knowledge and belief.
2. I understand that my **gross household income** is annualized at the time of application according to pre-established agency rules and procedures in order to receive assistance.
3. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in service delivery.
4. I authorize the Texas Department of Housing and Community Affairs and Central Texas Opportunities, Inc. to solicit/verify information including employment verification needed to provide assistance with my utilities and/ or fuel bills, both past and future.
5. I am an applicant of Central Texas Opportunities, Inc. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
6. I give permission for pictures to be taken for identification purposes, projects, publication, newsletter and promotional activities for Central Texas Opportunities, Inc. I give permission for my comments to be used in projects, publications, newsletter and/or promotional activities for Central Texas Opportunities, Inc.
7. I understand **that if I change utility companies I must notify the case worker within 5 business days** of my new utility company and account number with the name on the account. **If I do not notify Central Texas Opportunities, Inc. of my new utility company I will lose any payments due. When the information is provided any remaining assistance may be reinstated.**
8. **If you or another member of the household has no income** the Declaration of No Income sheet must be completed for all household members over 18 years of age having no income. On this sheet do not include anyone who has shown income on the application.
9. **I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION AND I ALSO UNDERSTAND THAT RECEIPTOR ASSISTANCE THROUGH MISREPRESENTATION OR FRAUD IS PUNISHABLE BY FINE OR IMPRISONMENT.**

I certify that the information on this application is correct.

Applicant's Signature

Date

CTO Inc. Staff Member

Date

NEEDS ASSESSMENT

**Please indicate what needs you have below by circling either “yes” or “no” in each box.
If you circle “yes”, please explain the need you’re experiencing so that we can help you.**

SERVICE	NEED	Client Explain	SERVICE	NEED	Client Explain
Basic Needs: Food, Clothing, Food Stamps, WIC, Meals on Wheels, Emergency, Other	Yes No		Counseling: Family, Alcohol/Substance Abuse, Other	Yes No	
Income: SSD, TANF, SS, SSI, VA, Child Support, Budget, Other	Yes No		Transportation: To Work, Dr. Appointment, Other	Yes No	
Employment: Looking for a Job, Job Search Assistance, Resume, Other	Yes No		Veterans Needs: Medical, Training, Home Repairs, Handicap Accessibility, Other	Yes No	
Utility Assistance: Gas/Propane, Water, Electric, Other	Yes No		Legal Needs: Child support, Criminal, Civil, Other	Yes No	
Housing Needs: Temporary Shelter, low income housing, Rent Assistance, Weatherization, Repairs, Other	Yes No		Health Needs: Immunizations, Medication, Mental Health Services, Other	Yes No	
Heating/Cooling Assistance: Heaters, Window Units, Repairs, Hot Water Heater, Natural Gas Piping/Repairs	Yes No		Education: GED, English as a Second Language, Vocation/Tech training, Other	Yes No	
Child Care/ Elderly Care, Other	Yes No		Other needs not identified on assessment	Yes No	

CENTRAL TEXAS OPPORTUNITIES, INC.

Self-Certification of Disability	
Applicant's Name:	
Name of Person with Disability:	
Relationship of Person with Disability to Applicant:	

Persons with Disabilities--Any individual who is:

- A handicapped individual as defined in §7(9) of the Rehabilitation Act of 1973;
- Under a disability as defined in §1614(a)(3)(A) or §223(d)(1) of the Social Security Act or in §102(7) of the Developmental Disabilities Services and Facilities Construction Act; or
- Receiving benefits under 38 U.S.C. Chapter 11 or 15.

APPLICANT'S AUTHORIZATION TO DECLARE DISABLED STATUS:

I hereby authorize for the purpose of confirming my eligibility as a Person with Disability, in accordance with the above-stated definition of Person with Disability.

Signature of Person with Disability or His/Her Guardian

Date

**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 proveida 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 proveido información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)