



CORNERSTONE

Community Action Agency
Intake Application

Mail To:
114 Needham
Coleman, TX 76834
(P) 325-625-4167
(F) 325-625-6335
mail@ctoinc.org

Received Date : _____

HEAD OF HOUSEHOLD (Office Use Only) Email Fax Walk-In Phone Mail HomeVisit

First Name: _____ Last Name: _____ MI: _____

Email Address: _____ Rent or Own Home? _____

Home Phone: _____ Cell Phone: _____

Alternate Contact Name and Phone No: _____

ADDRESS INFORMATION

Residential Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

HOUSEHOLD TYPE

- Single Person
- Single Parent - Female
- Single Parent - Male
- Two Parent Household
- Two Adults, NO Children
- Non-related Adults w/ Children
- Multi-generational Household

TYPE OF ASSISTANCE NEEDED (Check all that apply)

- Veteran Services
- Payee Services
- Utility Assistance
- Rental Assistance
- Case Management
- Certified Nurse's Aid Program
- Weatherization Referral
- Natural Gas Appliance (Atmos Clients Only)
- Heating/Cooling Services
- Other _____

ADDITIONAL INFO FOR HOUSEHOLD MEMBERS (Circle all that apply)*

Is anyone 60 years of age or older? [YES] [NO]

Is anyone in the household disabled? [YES] [NO]

Are there any children 5 years or younger? [YES] [NO]

Is anyone living in your household age 14-24 that is not going to school or working? [YES] [NO]

Have you ever received services from Cornerstone Community Action Agency in the past? [YES] [NO]

DOCUMENTS NEEDED

CURRENT INCOME

Employment Check - (Last 30 days)
SS/SSI Award Letters
Benefit Letters - VA, SNAP, TANF, Child Support, Unemployment, etc.

ID DOCUMENTS

Birth Certificates - All Household Members
ID/DL - Adults 18 & Over
SS Card - All Household Members
DD214 - Veteran
Marriage License - Veteran Spouse
Death Certificate - Veteran Surviving Spouse

UTILITY BILLS

Electric
Gas
Propane

All Utilities must be Active with Valid Account #

PART 1 - HOUSEHOLD MEMBERS

Use additional sheets if more than 10 household members

FULL NAME	RELATION	SOCIAL SECURITY #	DOB	GENDER M/F	RACE	HISPANIC N/Y	HIGHEST EDUCATION LEVEL	WORK STATUS	MILITARY STATUS	DISABLED Y/N
	Self									

PART 2 – HEALTH INSURANCE INFORMATION

Does anyone in the household receive the following: (Check all that apply)

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> State Children Health Insurance | <input type="checkbox"/> Military Healthcare |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> State Health Insurance Adults | <input type="checkbox"/> Employment Based |
| | | <input type="checkbox"/> Direct Purchase |

PART 3 – OTHER INCOME INFORMATION

Does anyone in the household receive the following: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> VA Service Disability Comp. | <input type="checkbox"/> Private Disability Insurance |
| <input type="checkbox"/> SSI | <input type="checkbox"/> VA Non-Service Disability Pension | <input type="checkbox"/> Alimony Spousal Support |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Ret. Income from Social Security | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> EITC (Earned Income Tax Credit) | <input type="checkbox"/> Pension | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Other | <input type="checkbox"/> Unknown |

PART 4 – NON-CASH BENEFITS

Does anyone in the household receive the following: (Check all that apply)

- | | | |
|---------------------------------|--|--|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Housing Voucher Public | <input type="checkbox"/> HUD VASH |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Housing | <input type="checkbox"/> Childcare Voucher |
| <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Perm Supportive Housing | <input type="checkbox"/> ACA Subsidy |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Unknown |

PART 5 - HOUSEHOLD INFORMATION

Provide all household information below:

What type of housing?				Is housing rented or owned?			
<input type="radio"/>	Private Home	<input type="radio"/>	Mobile Home -	<input type="radio"/>	Owned	<input type="radio"/>	Subsidized
<input type="radio"/>	Apartment	<input type="radio"/>	Rented Room	<input type="radio"/>	Rented	<input type="radio"/>	Non-Subsidized

How much is monthly rent? \$ _____ Are utilities included in rent? : _____

How much is monthly mortgage? \$ _____ House built date: _____

Received Weatherization in past? If yes, when _____

If renting: Provide all landlord information below:

Name:	Street Address:	County:	
Telephone:	City:	State:	Zip Code:

PART 6 – UTILITY SERVICE INFORMATION

(Your Primary Heating and Cooling Source)

Electric Utility Vendor: _____ Account #: _____

Gas Utility Vendor: _____ Account #: _____

Propane Utility Vendor: _____ Account #: _____

Type of Air Conditioner Used: Central Unit Window Unit Evaporative Cooler None

Type of Heater Used: Central Unit Wall Furnace Electric Heater Wood Burning Stove
 Fireplace Space Heater Other None

AUTHORIZATIONS:

1. I am an applicant of Cornerstone Community Action Agency. I hereby give my permission to release and verify all information requested including employment verification, utility bills and other data needed for program purposes.
2. I understand that I may request a hearing to appeal a denial of eligibility.
3. I give permission for my comments and pictures to be taken for identification purposes, projects, publication, newsletter and promotional activities for Cornerstone Community Action Agency.
4. I give permission for Cornerstone Community Action Agency to share my application with other CAA Agencies for referral and program assistance purposes.
5. The information provided on this application is true and correct to the best of my knowledges. I understand that I may be subject to prosecution for providing false or fraudulent information.

Applicant's Signature:	Date:	CCAA Staff Signature:	Date:
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CORNERSTONE COMMUNITY ACTION AGENCY

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

Persons with Disability - Any individuals 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 Disabilities, in accordance with the above-stated definition of Person with Disability.

Signature of Person with Disability of Guardian

Date

DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

Applicant First Name (Nombre del Solicitante):	Applicant Last Name (Apellido):	
Address (Direccion):	City (Ciudad):	Zip Code (Codigo 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 o más, y que **no tienen documentación de ingresos por los 30 días** antes del aplicar para asistencia.)

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

My household has no documents 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. 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.
Yo certifico que la informacion proveida de los ingresos es verdadera y correcta segun mi saber y creencia. Comprendo que la informacion sera verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido informacion falsa o fraudulenta.*

Applicant Signature/Firma del Solicitante

Date/Fecha

NEEDS ASSESSMENT

Please answer the following question so we can better serve you as our partner and neighbor.

1.	Are you in need of Basic Needs: Food, Clothing, Food Stamps, WIC, Meals on Wheels, Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Are you in need of Utility Assistance: Electric, Water, Gas/Propane, Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Are you in need of Income: SSD, TANF, SS, SSI, VA, Child Support, Budget, Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Are you in need of Payee Services: Were you referred by the Social Security Office to find a Payee Representative? Do you need assistance with meeting basic needs and paying bills on time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Are you seeking Employment: Actively searching for a Job, Job Search Assistance, Resume, Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6.	Are you in need of Education Services: GED, ESL Classes, Vocational/Technical/Certificate Training, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7.	Are you in need of Veteran Services: Home Repair, Utility Help, Rent/Mortgage, Dental, Transportation Repair/Fuel	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8.	Are you in need of Transportation: To Work, Dr. Appointments, Bus Pass, Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Are you in need of Heating/Cooling Services: Window Units, Electric Heaters, Gas Heaters or Gas Appliances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Are you in need of Housing Services: Temporary Shelter, Low Income Housing, Rent Assistance, Weatherization, Repairs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.	Are you in need of Child Care/Elderly Care:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12.	Are you in need of Health Services: Immunizations, Medications, Mental Health Services, Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13.	Are you in need of Counseling Services: Family, Alcohol/Substance Abuse, Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14.	Are you in need of Legal Services: Child Support, Criminal Law, Civil, Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15.	Are you in need of Case Management Services: Have you registered with Texas Workforce Commission within the last 30 days?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

For ATMOS Clients Only



CLIENT CONSENT AND RELEASE OF INFORMATION

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to Cornerstone Community Action Agency (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use MAACLink will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I receive services from Homeless Prevention Rapid Re-Housing Federal Stimulus (HPRP) Funds, my information may be viewed by other participating agencies across Continuums of Care.

Client Name (Printed)

Client Signature

Date

Agency Representative Name (Printed)

Agency Representative Signature

Date

LANDLORD & TENANT AGREEMENT

Check all services that apply to the need of your household:

- | | | |
|--|---|--|
| <input type="checkbox"/> - | <input type="checkbox"/> Natural Gas Heaters | <input type="checkbox"/> Natural Gas Dryer |
| <input type="checkbox"/> Window Units | <input type="checkbox"/> Natural Gas Hot Water Heater | <input type="checkbox"/> Gas Line Repair |
| <input type="checkbox"/> HVAC Repair/Maintenance | <input type="checkbox"/> Natural Gas Stove | |

Please provide a brief description of the situation with your current gas appliance and what items need repair or new install in the blank space:

If you Rent your home, the landlord will need to agree to the terms below and sign this form to be eligible for any of the services listed above.

NATURAL GAS APPLIANCE CONSENT - For Atmos Clients/Renters Only

As a representative of Cornerstone Community Action Agency, I have notified the Landlord or Tenant of a residence located at the following address, _____, concerning the **financial responsibility** of enrolling into the Keeping the Warmth program.

ATMOS Energy, the grantor of the Keeping the Warmth program, requires CCAA to obtain monetary investment information from the Landlord or Tenant for the cost of all new gas appliances if the home is a rental property and the tenant does not own the home/property. By signing this form, the Landlord/Tenant for this dwelling has indicated that they fully understand this policy and decided to follow through with the financial responsibility of the appliance listed here.

Total Cost of Appliance: \$ _____
10% of Cost to Tenant/Landlord: \$ _____, **paid to** _____ **before work begins.**

HEATING & COOLING CONSENT - For Renters Only

Your property is under consideration to receive services from Cornerstone Community Action Agency (CCAA), we administer the CEAP Program. The CEAP program operates under Federal and State rules which have certain requirements of which you, as a landlord, should be aware.

There is **NO COST** to the landlord or the tenant for Heating/Cooling services. Once the unit is installed or repaired, it will remain the property of the landlord. Cornerstone Community Action Agency (CCAA) is requesting permission to enter your property.

PERMISSION TO ENTER PREMISES

I, _____, as Landlord/Authorized Agent for property located at, _____, have read and understand the above and hereby grant permission for representatives of **Cornerstone CAA** to enter these premises for the purposes of installing natural gas appliances or new A/C window units, heaters, or to repair the existing window/ central unit.

Landlord Signature

Date

CCAA Staff Signature

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Household Status Verification Form



Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National Applicant Certification Form for CEAP, DOE-WAP, LIHWAP-WAP Sub-recipients, and SHTF, ESG, HHSP, EH (political subdivision only)

The program for which you are applying required 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 used the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

<u>LIST ALL HOUSEHOLD MEMBERS</u>	U.S Citizen or U.S. National (Yes / No)	Qualified Alien	This Section for Office Use Only	
			Documentation Provided for:	
			Status	Identification
Household Member Name				

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.

X		
Applicant's Signature		Date
Signature of Agency Staff certifying they verified the above documents	Print Staff Name	Date