



Cornerstone Community Action Agency

114 Needham Street | Coleman, TX 76834

Email: mail@ctoinc.org

Phone: (325)625-4167 | Fax: (325) 625-3335

Intake Application

PLEASE PROVIDE COPIES OF THE FOLLOWING WITH THE COMPLETED APPLICATION:

PLEASE REMEMBER: Applications are processed in the order they are received and by a priority rating scale. Until your application is processed, you are required to continue to pay your utility bill until you receive a confirmation letter from CCAA notifying you of services received.

- ☐ 1. **Picture ID** for everyone age 18 and over (Driver's License, Identification Card, etc.)
- ☐ 2. **Proof of US Citizenship** for everyone in the Household (Birth Certificates, USA Passport, Green Card, Naturalization Certification, Asylum Seeker Certificate)
- ☐ 3. **Secondary Proof of Citizenship** such as Voter Registration Card, School Photo ID, School Record (showing name of child, address and parents' names), Hospital Birth Record etc.
- ☐ 4. **Social Security Cards** for ALL household members (if applicable).
- ☐ 5. **Proof of all income** earned/received in the last thirty (30) days for all household members 18 years and older, such as:
 - a. ☐ Checks stubs: 5 stubs if paid weekly, 3 stubs if paid bi-weekly, 2 stubs if paid twice a month or 1 stub if paid monthly. **Do not submit W2 Tax forms.**
 - b. ☐ Current year Award Letter(s) (Social Security, SSD, VA, TANF, SSI, etc.)
 - c. ☐ Current year Pension or retirement Statements
 - d. ☐ Receipt Book if paid in cash
 - e. ☐ Child Support Statement
 - f. ☐ Unemployment Income Statement
 - g. ☐ Declaration of Income Statement; if there is no income in the household or you are unable to get the documentation.(Form included and must be signed)
- ☐ 6. **Current utility bills and last 12-month billing history** (front and backside) for: Electric, Gas or propane. Account must be active (not disconnected).
- ☐ 7. **Signed Systematic Alien Verification for Entitlements (SAVE) Form.** (Form included)

Allow 30 – 90 days for processing. Incomplete Applications will cause a delay in service.

Other Services offered at Cornerstone Community Action Agency (CCAA)



Veterans General Assistance
and Home Repair



Case Management



C N A Program
(Certified Nursing Assistance)



Home Buying and
Rental Assistance



Retired and Senior
Volunteer Program



Payee Services



Keeping the Warmth
Purchase of Gas Appliances and repairs
for Atmos Customers



Heating and Cooling

CCAA is proud to offer **FREE** tax preparation assistance. Through our Volunteer Income Tax Assistance (VITA) program, trained volunteers are able to process your tax return...**for free!**



Tell us how we're doing! Please go to www.ctoinc.org and complete a quick client satisfaction survey

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 Name | Relationship To Applicant Self Spouse Child Sibling Grandchild Friend Other | Social Security Number | Race American Indian White Black or African American Native Hawaiian or Pacific Islander White Multi-race Alaskan Native Asian Other | Hispanic or Latino Y or N | Gender Male or Female | Date of Birth | | | Age | Disabled 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 or other post-sec. school |
|-----------------------|--|------------------------|---|----------------------------------|------------------------------|---------------|-----|----|-----|------------------------|--|--|
| | | | | | | Mo | Day | YR | | | | |
| 1. | SELF | | | | | | | | | | | |
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| 7. | | | | | | | | | | | | |
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Note: Use additional sheets if there are more than seven members living in the household

Intake Application

Sources of Household Income

List ALL income of adults and children that are 18 years of age or older for the Past 30 days)

INCOME FROM EMPLOYMENT

(Please explain who in the home is employed or self-employed and how often they are paid)

| | | |
|--|--|--|
| Household member name: | | Household member name: |
| How often paid? | | How often paid? |
| Monthly Weekly Twice Month Three Times Month | | Monthly Weekly Twice Month Three Times Month |
| | | |
| Household member name: | | Household member name: |
| How often paid? | | How often paid? |
| Monthly Weekly Twice Month Three Times Month | | Monthly Weekly Twice Month Three Times Month |

OTHER SOURCES OF INCOME

| | Yes | No | | | Yes | No |
|---|-----|----|--|---------------------------|-----|----|
| VA Service Connected | | | | Spousal support / Alimony | | |
| VA Non-Service Connected | | | | Unemployment income | | |
| Social Security Disability (SSDI) | | | | Utility Subsidy | | |
| VA retirement pension | | | | TANF | | |
| Social Security supplemental income (SSI) | | | | Workers Compensation | | |
| Retirement from Social Security (SS) | | | | Child support | | |
| Pension | | | | If Other, Explain: | | |

NON-CASH BENEFITS

Identify income from any of the following sources:

| | Yes | No | | |
|------------------------------------|-----|----|--|------------|
| SNAP | | | | Amount: \$ |
| WIC | | | | Amount: \$ |
| LIHEAP | | | | Amount: \$ |
| Housing Choice Voucher (Section 8) | | | | Amount: \$ |
| Public Housing (HUD) | | | | Amount: \$ |
| Permanent Supportive Housing | | | | Amount: \$ |
| HUD-VASH (Veterans ONLY) | | | | Amount: \$ |
| Childcare Voucher | | | | Amount: \$ |
| Affordable Care Act Subsidy | | | | Amount: \$ |
| Other | | | | Amount: \$ |

Intake Application

| Housing Information | | | | | | |
|---|---------------|--|------------------------------------|--------------------------------|----|--|
| Where do you live (Circle correct one) | Own Rent | | Monthly Rent or Mortgage amount | Are the Utilities included? | | |
| Private Home | | | \$ | Yes | No | |
| Mobile Home | | | \$ | Yes | No | |
| Apartment | | | \$ | Yes | No | |
| Subsidized or Public housing | | | \$ | Yes | No | |
| Shelter or transitional housing | | | \$ | Yes | No | |
| With a friend or family member or in a Motel | | | \$ | Yes | No | |

| Landlord/ Mortgage information: | |
|---------------------------------|--------------------------|
| Name: | Phone: |
| Address: | City, State, Zip: |

| Energy Efficiency Information | Yes | No |
|---|-----|----|
| Do you need home repair or weatherization? | | |
| Has home been weatherized in the past? If so when? | | |
| What year was your home build? _____ Do you live in a double wide? | | |
| Does your roof leak? If yes, How long? _____ How many rooms leak? _____ | | |
| What condition is the floor and foundation? Explain: | | |

| UTILITY INFORMATION | | Heating | Cooling | Both |
|--|---|---------|---------|------|
| Electric Service Vendor: | Account # | | | |
| Natural Gas Service Vendor: | Account # | | | |
| Propane Service Vendor: | Account # | | | |
| Water Vendor: | Account # | | | |
| Type of A/C: (type one) | Type of Heater: (type one) | | | |
| Central unit Evaporative cooler Window Unit None | Central unit Electric Heater Fireplace Space Heater Wall Furnace None | | | |

| VETERAN INFORMATION | |
|--|--|
| 1. 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 | |
| 2. Have you ever served in the National Guard? (circle one) Yes No | |
| 3. Have you ever served in the Military, excluding ROTC? (circle one) Yes No | |

Intake Application

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? _____

Authorizations

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 Cornerstone Community Action Agency 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 Cornerstone Community Action Agency 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 Cornerstone Community Action Agency. I give permission for my comments to be used in projects, publications, newsletter and/or promotional activities for Cornerstone Community Action Agency
7. I understand **that if I change utility companies I must notify the family advocate for my county within 5 business days** of my new utility company and account number with the name on the account. **If I do not notify Cornerstone Community Action Agency of my new utility company I will lose any payments due. When the information is provided any remaining assistance may be reinstated depending on available funding.**
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.**

Applicant's Signature

Date

CCAA, 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 | | Veteran’s 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 | |

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 |
| | | | | |
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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 |

Updated March 2019 Previous Versions Obsolete

COMMUNITY SERVICES

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 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)



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