



CORNERSTONE

Community Action Agency

Intake Application

Mail To:

114 Needham
Coleman, TX 76834

(P) 325-625-4167

(F) 325-625-6335

mail@cornerstonecaa.org

Received Date _____

Head of Household

(Office use only) Email Fax Walk-In Phone Mail HomeVisit FastTrack

First Name _____ Last Name _____ MI. _____

Cell Phone _____ Email Address _____

Alternate Contact Name and Phone No. _____

Address Information

Residential Address _____ Apt # _____ City _____ St _____ Zip _____

Mailing Address _____ Apt # _____ City _____ St _____ Zip _____

Type of Assistance Needed (Check all that apply)

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

Veteran Information

Are you, or anyone in the household a Veteran, Surviving Spouse of a Veteran, or a Dependent of a Veteran?
If yes, please identify which household member and circle the category that describes them

Name of Veteran: _____

Select which applies:

Provide all income documentation on (taxable and non-taxable) income and all assets to demonstrate a financial need.

Additional Information for Household members (Circle all that apply)

Is anyone 60 years of age or older?
Is anyone in the household disabled?
Are there any children 5 years or younger?

Is anyone living in your household age 14-24 that is not going to school or working?
Have you ever received services from Cornerstone Community Action Agency in the past?

Documents Needed

- Current Year Income:**
Employment Check (Last 30 days)
SS/SSI Award Letter Benefit Letter- VA, Child Support, TANF, 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
- Current Utility Bills**
Electric
Gas
Propane
Water

**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, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)

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.

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

X	
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Applicant's Signature

Date

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Signature of agency staff certifying they verified the above documents

Print Staff Name

Date

PART 1 - HOUSEHOLD MEMBERS

HOUSE HOLD MEMBER	FULL NAME	RELATION	HISPANIC Y/N	RACE	DATE OF BIRTH	GENDER	EDUCATION LEVEL COMPLETED	INSURANCE TYPE	MILITARY STATUS	WORK STATUS	DISABLED Y/N
Self		Self									
2											
3											
4											
5											
6											
7											
8											
9											
10											

TOTAL NUMBER IN HOUSEHOLD: *Use additional sheets if more than 10 household members*

PART 2 - HOUSEHOLD TYPE

- Single Person
 Two Parent Household
 Single Parent/Female
 Non-related Adults with Children
 Unknown/ Not Reported
 Other
 Two Adults, NO Children
 Single Parent/Male
 Multigenerational Household

PART 3 - HOUSING INFORMATION

Is housing rented or owned?	<input type="checkbox"/> Owned	<input type="checkbox"/> Subsidized	How much is the monthly rent?	\$
	<input type="checkbox"/> Rented	<input type="checkbox"/> Non-subsidized	How much is the monthly mortgage?	\$
What type of housing?	<input type="checkbox"/> Private Home	<input type="checkbox"/> Mobile Home	House built date:	
	<input type="checkbox"/> Apartment	<input type="checkbox"/> Rented Room	Received Weatherization in past? If yes, when?	

If renting: name, address and phone number of landlord:

Name	Street Address	City	State	Zip Code	County
Telephone		<input type="checkbox"/> Utilities included in rent			

PART 4: INCOME INFORMATION**Does anyone in the household receive...Check all that apply***(Not for eligibility determination...for reporting purposes only)*

- | | | | |
|-------------------------------|---|---|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> VA Non-Service Connected Disability | <input type="checkbox"/> Alimony or Spousal Support | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> SSI | <input type="checkbox"/> VA- Service Connected Disability Pension | <input type="checkbox"/> Child Support | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Retirement Income from SS | <input type="checkbox"/> Employment FT or PT |
| <input type="checkbox"/> EITC | <input type="checkbox"/> Unknown/Not reported | <input type="checkbox"/> Pension | <input type="checkbox"/> Other |

PART 5: NON-CASH BENEFITS**Does anyone in the household receive: (Check all that apply)**

- | | | | | |
|-------------------------------|--|--|--|---|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> HUD-VASH | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Childcare Voucher | <input type="checkbox"/> Unknown/Not Reported |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Housing Voucher | <input type="checkbox"/> Permanent Support Housing | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Other |

PART 6: UTILITY SERVICE INFORMATION*(Your Primary Heating and Cooling Source)***(VERY IMPORTANT: Be sure to include copies of your current utility bill)**

Electricity Utility Vendor: _____	Account #: _____	<input type="checkbox"/> Heat	<input type="checkbox"/> Cool
Gas Utility Vendor: _____	Account #: _____	<input type="checkbox"/> Heat	<input type="checkbox"/> Cool
Propane Company: _____	Account #: _____	<input type="checkbox"/> Heat	<input type="checkbox"/> Cool

Type of Air Conditioner Used:	<input type="checkbox"/> Central Unit	<input type="checkbox"/> Window Unit	<input type="checkbox"/> Evaporator Cooler	<input type="checkbox"/> None
Type of Heater Used:	<input type="checkbox"/> Central Unit	<input type="checkbox"/> Wall Furnace	<input type="checkbox"/> Electric Heater	<input type="checkbox"/> Fire Place
	<input type="checkbox"/> Wood Burning Stove	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Other	<input type="checkbox"/> None

PART 7: 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 picture to be taken for identification purposes, projects, publication, newsletter and promotional activities for Cornerstone Community Action Agency.
4. I give permission for Cornerstone CAA 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 knowledge. 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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NEEDS ASSESSMENT

Please answer the following questions 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, Emergency, 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? Do you need assistance with meeting basic needs or 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 Assistance: 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, 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"/>

DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

For anyone who does not have documentation of income received in the last 30 days

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)

**CORNERSTONE COMMUNITY ACTION AGENCY
COMMUNITY SERVICES**

Optional Form

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

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.

Cornerstone Community Action Agency

I give permission to _____ (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

- | | | |
|---|--|---------------------------------------|
| <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"/> Natural Gas Stove | <input type="checkbox"/> HVAC Repair |
| <input type="checkbox"/> Electric Heater | <input type="checkbox"/> Gas Line Repair – In Yard or Under home | |

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:

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 or 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 appliances: \$ _____

10% of cost to Tenant/Landlord: \$ _____, paid to _____ before work begins.

Heating & Cooling Consent:

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