



Intake Application Requirements

204 E. First Street
Alice, TX. 78332
PH: (361) 664-0145

OPEN: MONDAY - FRIDAY

HOURS: 8AM - 12PM & 1PM - 5PM

EMAIL: APPLY@CACOST.ORG

Community Services Block Grant (CSBG) Program

Serving: Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg and San Patricio Counties

DOCUMENTS REQUIRED BEFORE APPLICATION CAN BE ACCEPTED

PROOF OF MEMBERS IN THE HOUSEHOLD

- . Photo ID (All household members 18 years of age or older)
- . Birth Certificate
- . Social Security Cards

PROOF OF ALL GROSS INCOME FOR THE PAST 30 DAYS PRIOR TO THE DATE OF APPLICATION (Must provide income for all household members.)

- . Social Security (SS) Award Letter
- . Supplemental Security Income (SSI) Award Letter
- . VA or VA Disability Benefits Award Letter
- . Retirement or Pension Document
- . Insurance/Workman's Comp/Annuity Payments Document
- . Child Support / Unemployment Benefits / TANF
- . Pay Stubs (Weekly 4-5 checks or Bi-Weekly/Semi 2-3 checks or Monthly 1 check needed)

If you are unemployed and not receiving any income, self-employed, paid in cash, or receiving family support, a Declaration of Income Statement (DIS) form will need to be filled out.

Bank statements will not be accepted.

Provide a Payment Detail Summary Sheet within 30 days of application date.

PROOF OF RESIDENCE

- . Provide current electric, water or gas bill with service address

PLEASE EMAIL IMAGES OF SUPPORTING DOCUMENTS TO APPLY@CACOST.ORG

BEE OR SAN PATRICIO COUNTY RESIDENTS CALL

361-664-0145 EXT. 3276

BROOKS, KENEDY OR KLEBERG COUNTY RESIDENTS CALL

361-664-0145 EXT. 2801

JIM WELLS OR DUVAL COUNTY RESIDENTS CALL

361-664-0145 EXT. 2013

**THIS PROGRAM IS NOT AN ENTITLEMENT PROGRAM
AND THERE ARE NOT SUFFICIENT FUNDS TO SERVE ALL CUSTOMERS THAT MAY BE ELIGIBLE.**

Application for Services 2022 Unified Intake



Client ID: Applicant Identification

| Home Address | City, State and Zip code | County | Phone Number |
|--------------|--------------------------|--------|--------------|
| | | | |

| Mailing Address if different from above | City, State, Zip code | County | Phone Number |
|---|-----------------------|--------|--------------|
| | | | |

Household Type

Single Person
 Single Parent/Female
 Two Parent Household
 Multigenerational
 Two Adults NO Children
 Single Parent/Male
 Non-related adults w/children
 Other

DEMOGRAPHICS - LIST YOUR INFORMATION FOR EVERY HOUSEHOLD MEMBER BY ENTERING THE NUMBER IN THE APPROPRIATE BOXES BELOW.

| Race | | | | Military Status | |
|--------------------------------------|---------------------------|--------------------------------------|---|--|---|
| 1. American Indian or Alaskan Native | 2. Asian | 3. Black or African American | 4. Native Hawaiian / Other Pacific Islander | 1. Veteran | 2. Active Military |
| 5. White | 6. Other | 7. Multi-Race | | 3. Unknown | 4. Not Applicable |
| Ethnicity | | Gender | | Education Level | |
| 1. Hispanic or Latino | 2. Non-Hispanic or Latino | 1. Male | 2. Female | 1. Grade 0-8 | 4. 12+ Post Secondary |
| | | 3. Other | | 2. Grade 9-12 / Non-graduate | 5. College/University Grad |
| | | | | 3. High School Graduate/ GED | 6. Post Secondary Grad |
| Health Insurance Type | | | Work Status | | |
| 1. Direct - Purchase | 2. Employment Based | 3. Medicaid | 4. Medicare | 5. Military Healthcare State Children Health Insurance Program (CHIPS) | 6. Insurance Program (CHIPS) |
| | | 7. State Health Insurance for Adults | 8. No Insurance | 1. Employed Full Time | 2. Employed Part Time |
| | | | | 3. Migrant Seasonal Farm Worker | 4. Short-term Unemployed (6 months or less) |
| | | | | 5. Long-term Unemployed (more than 6 months) | 6. Unemployed (not in labor force) |
| | | | | 7. Retired | 8. Age 16 & Younger |



PLEASE PRINT All Household Member(s) ^^ Use the number keys above to fill in DEMOGRAPHICS ^^ See Example Below

| Name | Social Security # | Date of Birth | Age | Race | Ethnicity | Gender | Education Level | Insurance Type | Work Status | Military Status | Disabled? Yes/No |
|----------------|-------------------|---------------|-----|------|-----------|--------|-----------------|----------------|-------------|-----------------|------------------|
| Ex. John Smith | 123 - 45 - 6789 | 11/11/2000 | 21 | 2 | 1 | 2 | 3 | 2 | 1 | 1 | N |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
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| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |

Application for Services 2022 Unified Intake



OTHER INCOME / BENEFITS **Check all that apply!**
Does anyone in the household receive any of the following:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Alimony or Spousal Support | <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> TANF | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Retirement Income from Social Security | <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> No Income |
| <input type="checkbox"/> EITC | <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> VA Non-Service Connected Disability Pension | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> VA Service-Connected Disability Compensation | |

NON-CASH BENEFITS **Check all that apply!**
Does anyone in the household receive any of the following:

- | | | | |
|--|---|---|---------------------------------|
| <input type="checkbox"/> Affordable Care Act Subsidy | <input type="checkbox"/> HUD VASH | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Childcare Voucher | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> SNAP | |
| <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> WIC | |

HOUSING INFORMATION

Housing Status Homeless Rent Own

Household Type

- Private Home Mobile Home Apartment Rented Room

What is the age of the home? **Rental/Mortgage Amount? \$**

If renting: Contact information of your landlord

Landlord's Name, Address, City, State and Zip code **County** **Phone Number**

UTILITY SERVICE INFORMATION **VERY IMPORTANT - BE SURE TO INCLUDE COPIES OF YOUR CURRENT UTILITY BILL**

Who does your family pay for heating or cooling: Utility Company Landlord/Manager Included in rent

Heat Cool

| | | |
|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> | Electric Utility Vendor Name: _____ | Electric Utility Vendor Account #: _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Gas or LP Gas Utility Vendor Name: _____ | Gas or LP Gas Utility Vendor Account #: _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Propane Company Name: _____ | Propane Company Account #: _____ |
| <input type="checkbox"/> <input type="checkbox"/> | Other Utility Vendor Name: _____ | Other Utility Vendor Account #: _____ |

Type of Air Conditioning Used:

- Central Unit Evaporator Cooler Window Unit None

Type of Heaters Used:

- | | | | |
|---------------------------------------|--|---|--------------------------------|
| <input type="checkbox"/> Central Unit | <input type="checkbox"/> Electric Space Heater | <input type="checkbox"/> Wood Burning Stove | <input type="checkbox"/> Stove |
| <input type="checkbox"/> Wall Furnace | <input type="checkbox"/> Fire Place | <input type="checkbox"/> Gas Heater | <input type="checkbox"/> Other |
| | | | <input type="checkbox"/> None |

Certification of Information

1. The information is true and correct to the best of my knowledge and belief.
2. My household income has been annualized, at the time of application, according to pre-established agency procedure.
3. I understand I may request a hearing to appeal denial of eligibility, amount of assistance received or a delay of assistance.
4. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit/verify information on my utility and/or fuel bills, both past and future, to the extent that the information is used only to provide data.
5. **I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**

Certification - (Applicants must sign this section)

Applicant Signature: _____

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)

State of Texas

County of _____

Sworn to and subscribed before me on the _____ day of _____ (month), _____ (year),

by _____ (name of applicant).

(Personalized Notary Seal)

Notary Public's Signature

(Date/Fecha)

Subrecipient Representative Signature
and Title: Client Service Specialist

(Date/Fecha)

CASE MANAGEMENT NEEDS ASSESSMENT FORM

Applicant Name _____

Yes No Is there a need?

| | If Yes, Explain |
|--|-----------------|
| <input type="checkbox"/> <input type="checkbox"/> Do you need assistance paying your electricity bill? Do you have a disconnection notice? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> <input type="checkbox"/> Do you need assistance paying your water bill? Do you have a disconnection notice? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> <input type="checkbox"/> Do you need assistance weatherizing your home? Has your home ever been weatherized by CACOST? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> <input type="checkbox"/> Are you homeless or at risk of becoming homeless? Is it Covid-19 related? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> <input type="checkbox"/> Do you need to be referred to additional resources? <i>(Food, Clothing, Shelter, Housing, SSDI, TANF, SS, SSI, VA, Child Support, SNAP, Transportation, Childcare etc.)</i> | |
| <input type="checkbox"/> <input type="checkbox"/> Do you need assistance obtaining health related services? | |
| <input type="checkbox"/> <input type="checkbox"/> Do you need childcare assistance for children 0-5 years of age? <i>(CACOST Head Start 0-5 Program serves Aransas, Brooks, Duval, Jim Hogg, Jim Wells, Kleberg and San Patricio Counties)</i> | |
| <input type="checkbox"/> <input type="checkbox"/> Are you currently seeking employment and/or enrolled in vocational training? | |

I authorize for my information to be shared with other CACOST programs so they may contact me for additional resources.

Applicant Signature _____

Date: _____

CACOST Representative _____

Date: _____

"Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>."

MONEY MANAGEMENT TIPS

- | | |
|--|---|
| <ul style="list-style-type: none"> 01 Buy only the things you really need. Before going shopping, make a list of your needs and stick to it. 02 Save up the money to buy what you need. Avoid taking out a loan or using a credit card. 03 Shop at the thrift store and/or garage sales. Negotiate prices. 04 Look for sales and off season bargains. Compare prices. 05 Carefully inspect everything you buy, make sure the item is worth the money. Keep your receipts. 06 Buy do not rent furniture. (Look for good quality used furniture, the classified ads and yard sales are great places to find gently used items at low prices. 07 Use coupons and buy store brands at the supermarket and drugstore. (Compare prices to see what a difference this can make.) 08 Car pool when possible. This will help save on gas. 09 Trade baby-sitting with neighbors, friends & relatives. | <ul style="list-style-type: none"> 10 Go to dollar movies or rent videos. 11 Do as much repair work as possible yourself. 12 Buy large quantities of things you use a lot. 13 Eat at home. Make your meals from scratch. 14 Buy only energy efficient appliances. 15 Shop for food at supermarkets or warehouses with a shopping list based on menus; avoid costly convenience stores. Base your menu on grocery ads to take advantage of sale items. 16 Take your lunch to work. 17 When you go shopping take only cash. Don't take a credit card. |
|--|---|

Safety Issues

- 01 Keep plugs in electrical outlets for children's safety.
- 02 Know where the fuse box is and how to replace burned fuses. Keep spares on hand. If you have a breaker box, learn how to reset the breaker if it trips
- 03 Use dusk-to-dawn lighting for the exterior of your home. It is not only a safety issue for walking at night but also a great burglar deterrent.
- 04 Properly light your stairways and walkways. Night-lights are invaluable.
- 05 Eliminate the use of too many extensions cords. They are easy to trip over and could be a safety hazard in terms of overloading a socket. Some rewiring of your house could be necessary.

Heating / Cooling

- 06 Service the air conditioner, heat pump, and furnace each year. Keeping the air conditioner or heat pump serviced will result in lower operating costs. The gas furnace needs to be checked regularly for safety reasons.
- 07 If you have 2-3 window units, consider installing a central system. You may save operating money as well as be more comfortable.
- 08 If the Unit is over 15 years old, it may be cost advantageous for you to replace the system. When replacing, investigate the heat pump since this can save your heating dollars.
- 09 In the summer, try to keep your thermostat at 76-78 degrees; in the winter maintain at 70 degrees.
- 10 Replace the air filter at least once a month. A good reminder may be to change it every time you receive your electric bill.

Kitchen

- 11 Use properly sized pans on the various sized burners of your cooktop. A small pan on a large burner adds heat to the room. Also, cook with lids on the pans to eliminate adding heat to the kitchen.
- 12 Place the refrigerator in a cool part of the room, not where the sun or heat can directly affect the operating time.
- 13 Use the dishwasher only with full loads.

Water Heater

- 14 Set your water heater thermostat on 120 degrees. It takes less energy to heat to 120 than it does to 140 degrees.
- 15 At least once a year drain water from the bottom of your water heater. Sediment will build up on the bottom, requiring extra energy usage.
- 16 Use cold or warm water for laundry; try to eliminate hot water wash except for extremely dirty clothing.
- 17 A water leak of 1 drop per second can waste 200 gallons per month. If it is a hot water leak, it is also wasting energy usage on the water heater.

Insulation

- 18 Add to the insulation in your attic. You want 10-12 "If your house has pier-and-beam construction, make sure the insulation under the house is still in good condition, if you have an R-19 batt installed.
- 19 Weather strip around the doors and windows, if necessary. If daylight can be seen under or around the door, energy money is being wasted here.
- 20 Check the attic to make sure it is properly ventilated to allow hot air escape.

Miscellaneous

- 21 Vent cloth dryer to the outside.
- 22 Clean lint filter regularly-ideally with every load, realistically at least once a week.
- 23 Keep direct sunlight out in the summer, pull shades or blinds. During the winter, keep them pulled to protect from the severe cold, open shade to the sunlight during the day for the sun's warming effect.
- 24 Use as many fluorescent bulbs as possible. They last 10 times longer and us much less electricity, as well as add less heat to the air conditioned space of your home.
- 25 Payment Plan:
 - AMP - Average Monthly Payment Plan - each month you pay approximately the same amount since you are being billed for the average consumption.
 - RETIREMENT PLUS - Delays the due date of your bill until after the Social Security check is received.

The Community Action Corporation of South Texas has provided these money management suggestions, and I have fully read and understood them.

Applicant Signature _____

Date: _____

2022 CUSTOMER BILLING / CONSUMPTION RELEASE FORM

NAME ON BILL

Last Name First Name Suffix / (Sufijo)

Home Address, City, State and Zip code

Telephone Number _____
Phone Number

_____ Alternate Phone Number

Electric Utility Company: _____

Account Number: _____

Gas Utility Company: _____

Account Number: _____

Propane Company: _____

Account Number: _____

Other Company: _____

Account Number: _____

I AUTHORIZE THE TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS AND ITS CONTRACTED AGENCY TO SOLICIT/VERIFY INFORMATION ON MY ENERGY BILLING AND CONSUMPTION HISTORIES, BOTH PAST AND FUTURE, TO THE EXTENT THE INFORMATION IS USED ONLY TO DETERMINE PROGRAM ELIGIBILITY AND TO PROVIDE DATA.

Applicant Signature: _____

Date: _____

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.

| Household Member Name | U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No) | Qualified Alien (Yes/No) | Documentation Provided for: | |
|-----------------------|---|--------------------------------|-----------------------------|----------------|
| | | | Citizenship/Qualified Alien | 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