



## **DOCUMENTS REQUIRED**

### **Proof of Veteran Status**

*(Must show proof of honorable or general under honorable conditions discharge status)*

#### **Acceptable Documents may Include:**

- DD Form 214, Certificate of Release or Discharge from Active Duty
- NGB-22, National Guard Report of Separation and Record of Service
- NA Form 13038, Certification of Military Service
- Department of Veterans Affairs (VA) official letter or disability letter with character of service listed
- E-Benefits summary letter with character of service listed
- Honorable discharge certificate

### **Proof of all members in the household**

#### **Acceptable Documents may include:**

- Uniform Services Identification Card
- State of Texas Issued Driver License with Veteran designation, Photo Identification
- Photo ID
- Social Security Card
- Birth Certificate
- Marriage Certificate
- Adoption Certificate

### **Proof of all gross income for the past 30 days prior to the date of application.**

*(Must include all household members 18 years of age or older)*

#### **Acceptable Documents Includes:**

- Pay stubs or employment verification
- VA award letter
- SSI Award Letter
- TANF
- Child Support
- G.I. Bill

***\*All applications MUST be filled out completely and signed by the applicant.***

***\*All required forms MUST be submitted to complete the application.***

## **Amanda Pineda**

1822 W. Jefferson Ave. Harlingen, TX

O: 956-476-6113

Email: Amanda.Pineda@cacost.org

## **Teresa Huerta**

900 N. 6th Street, Kingsville, TX

O: 361-726-4262

Email: Teresa.Huerta@cacost.org



# Application for Services 2024 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**

<input type="checkbox"/> Single Person	<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Multigenerational
<input type="checkbox"/> Two Adults NO Children	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Non-related adults w/children	<input type="checkbox"/> 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. Never Served in the Military	
Ethnicity	Gender	Education Level			
1. Hispanic or Latino	1. Male	1. Grade 0-8	4. Equivalency Diploma/GED	7. Graduate of other Post Secondary School	
2. Non-Hispanic or Latino	2. Female	2. Grade 9-12 / Non-graduate	5. 12+ Post Secondary		
	3. Other	3. High School Graduate	6. 2 or 4 yr. College Graduate		
Health Insurance Type			Work Status		
1. Direct - Purchase	5. Military Healthcare	1. Employed Full Time	5. Long-term Unemployed (more than 6 months)		
2. Employment Based	6. Insurance Program (CHIPS)	2. Employed Part Time	6. Unemployed (not in labor force)		
3. Medicaid	7. State Health Insurance for Adults	3. Migrant Seasonal Farm Worker	7. Retired		
4. Medicare	8. No Insurance	4. Short-term Unemployed (6 months or less)	8. Under 18 yrs of age		



**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	22	2	1	2	3	2	1	1	N
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

# Application for Services 2024 Unified Intake



## OTHER INCOME / BENEFITS

Does anyone in the household receive any of the following: **CHECK ALL THAT APPLY!**

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

## NON-CASH BENEFITS

Does anyone in the household receive any of the following: **CHECK ALL THAT APPLY!**

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

## HOUSING INFORMATION

### Housing Type

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Own                     | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Rent                    | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Other Permanent Housing |                                   |

### Household Type

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Private Home | <input type="checkbox"/> Rented Room |
| <input type="checkbox"/> Mobile Home  | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Apartment    |                                      |

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:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Utility Company | <input type="checkbox"/> Landlord/Manager | <input type="checkbox"/> 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:

- |                                       |  |                                      |                               |
|---------------------------------------|--|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Central Unit | <input type="checkbox"/> Evaporator Cooler | <input type="checkbox"/> Window Unit | <input type="checkbox"/> None |
|---------------------------------------|--|--------------------------------------|-------------------------------|

### Type of Heaters Used:

- |                                       |  |   |                                |
|---------------------------------------|--|---|--------------------------------|
| <input type="checkbox"/> Central Heat | <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"/> Space Heater       | <input type="checkbox"/> Other |
|                                       |  |   | <input type="checkbox"/> None  |

## Certification of Information

- The information is true and correct to the best of my knowledge and belief.
- My household income has been annualized, at the time of application, according to pre-established agency procedure.
- I understand I may request a hearing to appeal denial of eligibility, amount of assistance received or a delay of assistance.
- 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.
- 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)

Table with 3 columns: 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 dias antes del aplicar para asistencia)

Table with 2 columns: 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):

Three horizontal lines for providing reasons for lack of income documentation.

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?  If no, are you receiving assistance with CACOST Head Start 0-5 Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Serving Aransas, Brooks, Duval, Jim Hogg, Jim Wells, Kleberg &amp; San Patricio</small>	
<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. I consent to receive text messages and/or voicemails on additional programs offered by CACOST.

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 Air Force, 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/ENERGY SAVINGS TIPS**

- 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.
- 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:** \_\_\_\_\_

## STHA HOUSING QUESTIONNAIRE

Client's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ C.W. Initials: \_\_\_\_\_

### 1. What is your current housing situation?

- Homeless (shelter, car, motel etc.)     Living with Family/Friends     Housing Voucher  
 Subsidized (Section 8)     Renting House/Apt.     Other: \_\_\_\_\_

\*1. a. If homeless,  less than one year without a home     Multiple times homeless within the past 3 yrs

\*1. b. If Renting, Household Size? \_\_\_\_\_ Bedroom Size? \_\_\_\_\_

### 2. Have you received any of the following notices?

- Eviction Notice     Disconnection     Past due rent notice  
 Past due notice from utility company     Other: \_\_\_\_\_

### 3. Have you had a life-changing event that has placed your household in a financial hardship?

- Change of Employment Status     Illness or Injury     Loss of Income  
 Loss of a Family Member     Natural Disaster     Other: \_\_\_\_\_

### 4. Have you received Rental and/or Utility assistance from any agency within the past 2 years? YES / NO

If yes, please specify where? \_\_\_\_\_

### 5. How did you hear about the South Texas Heroes Housing Assistance Program? \_\_\_\_\_





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

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



**Waiver Form**

Community Action Corporation of South Texas (CACOST), has my permission to use my photograph, likeness, artwork, profile and/or story in all forms of media and all manners, including publications, web pages, video and other promotional materials. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number (optional)

\_\_\_\_\_  
Email Address

Photo/Video Date and Location:

\_\_\_\_\_  
\_\_\_\_\_

Description of activities or programs in photo:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For internal use only**

Program:

Date Reviewed/Approved by Agency Attorney:

Date:

March 2017

Staff Person Obtaining Consent: