



2024 Community Services Application

PLEASE NOTE: Incomplete applications will not be processed!

- Applications will be accepted by email, fax, mail, or drop off and will be processed according to priority and date received.
- **Please note it can take anywhere from 6 to 8 weeks to process complete applications and in some cases may take longer depending on the time of the year and the number of applications already in process.**
- **You are still responsible to pay your bill until your application is processed and you are notified of outcome.**
- This application is for screening purposes only and does not guarantee your eligibility to receive services.
All assistance is subject to the availability of funds.

REQUIRED DOCUMENTS FOR ALL PROGRAMS

- ❖ Completed application including all required documents.
- ❖ Social security cards for all household members
- ❖ **Proof of ALL income FOR THE PAST 30 DAYS for every household member 18 years or older**, who works or receives assistance. (Check stubs, Social Security/SSI, award letters including minor children receiving any type of SS benefit included) Letters must be from Social Security Administration and must reference or be dated for the current year, VA letter, unemployment, TANF letter, SNAP letter, retirement, pension, child support, etc. **Bank statements and tax returns are not acceptable**
- ❖ **If any household member 18 or over is NOT receiving any income, you must complete the attached Declaration of Income Statement.**

ELECTRIC, GAS & WATER ASSISTANCE, REQUIRES ALL ABOVE DOCUMENTS AND THE FOLLOWING

- ❖ **Proof of Citizenship and identity for ALL household members. NO EXCEPTIONS!**

ONE OF THESE: US Passport, Certificate of Naturalization, Cert. Of US Citizenship, Cert. of US Tribal Enrollment w/photo OR	
ONE OF THESE: State Issue Driver’s License, Military Card, State Issue ID Card, State Offender Card, Current School ID	<u>AND ONE OF THESE:</u> Certified Copy - State Issued Birth Certificate (Not Footprint Record), Permanent Resident Card Non-Immigrant Cards Refugee Card.

- ❖ **A 12 month billing history** from each of your energy providers (**ELECTRIC, WATER, NATURAL GAS AND/OR PROPANE**) NOTE: if you have lived less than 12 months in your home, provide history for as many months as possible.
- ❖ **Your current and past due bills for electric and a disconnect notice** if applicable.
- ❖ **Your current and past due water/wastewater bill and a disconnect notice** if applicable.

Best way to contact us:
 Email to: utiityassistance@communityaction.com
 Fax : 512-396-4255
 Phone : 512-392-1161



OFFICE USE ONLY!

Date Received : _____

Date Completed : _____

Date Enrolled : _____

Priority

Elderly/Disabled/Child 5 or
younger/Veteran

2024 Community Services Application

HEAD OF HOUSEHOLD INFORMATION					
First Name:		Last Name:			Middle Initial:
Date of Birth:		SS #:		Contact # or Cell Phone:	
Home Phone:		Work Phone:		Housing Type: (circle) Rent or Own	
Residential Address:				Apt. #:	
City:		State:	Zip:	County:	
Mailing Address (if different):				Apt. #:	
City:		State:		Zip	
Email Address:					
Gender	Race		Ethnicity	Education	Disabled
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Race		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr Grad	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seasonal Work					
<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None					
Relationship to Applicant		Work Status 18 or over		Military Status	Health Insurance
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month + Last day worked _____ <input type="checkbox"/> Unemployed less than 6 mos. Last day worked _____ <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18		<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Never Served	<input type="checkbox"/> Direct purchase <input type="checkbox"/> Medicare <input type="checkbox"/> Employment based <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Health Care <input type="checkbox"/> CHIP <input type="checkbox"/> Adults State Health Ins. <input type="checkbox"/> None
Other income received			Receive Non-Cash Benefits		
<input type="checkbox"/> Child Support <input type="checkbox"/> Worker's Comp <input type="checkbox"/> SS Disability <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> SS Retirement <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> SSI <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> Private Disability <input type="checkbox"/> SS Survivor's Benefit <input type="checkbox"/> TANF <input type="checkbox"/> None			<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Public Housing <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> WIC <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> None <input type="checkbox"/> Housing Choice Voucher		
How did you hear about our services?					
<input type="checkbox"/> WIC <input type="checkbox"/> St. Vincent De Paul <input type="checkbox"/> School <input type="checkbox"/> Salvation Army <input type="checkbox"/> Food Bank <input type="checkbox"/> CAI Program <input type="checkbox"/> Word of Mouth (Family or Friend)			<input type="checkbox"/> Returning Client <input type="checkbox"/> Social Media <input type="checkbox"/> Employer <input type="checkbox"/> Utility Company <input type="checkbox"/> Outreach Event <input type="checkbox"/> Other		

Please complete the following pages for all other household member(s). You **MUST** answer **ALL** questions.

OTHER HOUSEHOLD MEMBERS

Household Member First Name:			Last Name:			Middle Initial				
Date of Birth			SS #:							
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Race <input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Education <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr Grad		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Seasonal Work <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None	
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Date of Birth			SS #:							
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Race <input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Education <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad <input type="checkbox"/> GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr Grad		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Seasonal Work <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None	
Relationship to Applicant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		Work Status 18 or over <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month + Last day worked _____ <input type="checkbox"/> Unemployed less than 6 mos. Last day worked _____ <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18			Military Status <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Never Served		Health Insurance <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins. <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None			
Other income received <input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> SS Survivor's Benefit <input type="checkbox"/> None					Receive Non-Cash Benefits <input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> WIC <input type="checkbox"/> None					

Housing Information:			
Type	Private Home__	Mobile Home__	Apartment/Duplex____ Other __
Subsidized/Public Housing?	<input type="checkbox"/> Y <input type="checkbox"/> N	Own <input type="checkbox"/> Or Rent <input type="checkbox"/>	Monthly Mortgage/Rent \$_____
Utilities included in rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Utility Company Name:			
Electric Company:	_____	Account # _____	Heating __ Cooling__ Both _____
Water Company:	_____	Account # _____	
Natural Gas Company:	_____	Account # _____	Heating __ Cooling__ Both _____
Propane Company:	_____	Account # _____	Heating __ Cooling__ Both _____
Type of A/C:	<input type="checkbox"/> Central / <input type="checkbox"/> Evaporative Cooler / <input type="checkbox"/> Window Unit / <input type="checkbox"/> None		
Type of Heater:	<input type="checkbox"/> Central / <input type="checkbox"/> Space Heater / <input type="checkbox"/> Wall Furnace / <input type="checkbox"/> Fireplace Stove / <input type="checkbox"/> None		

Priority Information:	
1. Have you ever received services with Community Action, Inc. of Central Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please check which services	
<input type="checkbox"/> Adult Education (GED, ESL, Career Training)	
<input type="checkbox"/> Community Services (Utility Assistance)	
<input type="checkbox"/> Head Start Currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Health Services (Case Management for HIV, Breast Cancer)	
<input type="checkbox"/> Senior Citizen Center	
2. Is anyone enrolled in secondary education/registered with Texas Workforce in the last 30 days	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is anyone in the household 60 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is anyone in the household disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any children 5 years of age or younger in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you interested in receiving case management services to increase income/education level	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is anyone in the household a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONFLICT OF INTEREST INFORMATION	
1. Is anyone in the household currently serving as an employee agent, consultant, and officer or elected or appointed official of Community Action, Inc of Central Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, identify who and role _____	
2. Is anyone in the household related to anyone currently serving as an employee, agent, consultant, officer or elected official of Community Action, Inc. of Central Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, identify who and role _____	
FOR OFFICE USE ONLY: <i>If there is a Conflict of Interest, this application requires the Executive Director's Signature.</i>	
Executive Director Signature: _____	

OFFICE USE ONLY: CEAP/ LIHWAP/ CSBG ELIGIBILITY DETERMINATION

- 1. Calculations: Monthly _____ x 12 = _____ Total Annual Income \$
 Monthly _____ x 12 = _____
- 2. Household Poverty Income Level: _____ 0-50% _____ >50-75% _____ >75-125% _____ >125-150% _____ >150%
- 3. Verification/Documentation of Household Income used: _____

Staff Signature _____ Date _____

OFFICE USE ONLY: *Client potentially eligible for the following Community Action, Inc. programs and referrals:*

- Head Start/Early Head Start Health Services Adult Education
- Community Services _____ CEAP _____ LIHWAP _____ CSBG _____ Senior Citizen Center Lifeline _____ SMEU

AUTHORIZATION AND RELEASE OF INFORMATION:

- 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 receiving services from Community Action, Inc. of Central Texas.
- 4. I authorize the Texas Department of Housing and Community Action, Inc. of Central Texas 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 Community Action, Inc. of Central Texas. 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 understand that if I change utility companies I must notify the caseworker within 10 business days of my new utility company and account number with the name on the account. If I do not notify Community Action, Inc. of Central Texas of my new utility company, I will lose any payments due. When the information is provided, any remaining assistance may be reinstated.
- 7. If I 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. *Note: On this sheet do not include anyone who has shown income on the application. The Declaration of No Income no longer needs to be notarized.*
- 8. I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION. In addition, I understand that I may be terminated from receiving services if I display threatening behavior, sexual harassment, verbal abuse, theft, or violation of Community Action, Inc. of Central Texas firearm policy. I understand if terminated, I will not be able to reapply for 2 years.
- 9. I designate Community Action, Inc. of Central Texas to release and discuss information

to: _____ Relationship: _____ Contact Info: _____

By signing below, I acknowledge that I have read, understand and agree with the entire CAICT application:

I certify that the information on this application is correct and I also understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant Signature: _____ **Date** _____

Staff Signature _____ Date _____
(when application is logged in)

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	US Citizen (Born or Naturalized) or U.S. National		Qualified Alien		OFFICE USE ONLY Documentation Provided for:	
	Yes	No	Yes	No	Status	Identification
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		
	Yes	No	Yes	No		

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.

Applicant Signature

Date

Signature of agency staff certifying the above

Date

Print Staff Name

Date

Community Action, Inc. of Central Texas, Inc.
2024 Intake Application

NEEDS ASSESSMENT

Please indicate what NEEDS you may have below by circling either YES or NO in each box. If you circle YES, please explain the need you are experiencing so that we may help you in locating services.

SERVICE	NEED	EXPLANATION	SERVICE	NEED	EXPLANATION
BASIC NEEDS: Food, Clothing, Food Stamps, WIC, Meals On Wheels, Emergency, Other	YES NO		COUNSELING: Family, Alcohol/Substance Abuse, Other	YES NO	
INCOME: SS, SSI, TANF, VA, Child Support, Budget, Other	YES NO		TRANSPORTATION: To Work, Dr. Appointment, Car Repair, Other	YES NO	
EMPLOYMENT: Looking For A Job, Job Search Assistance, Resume, Other	YES NO		VETERAN NEEDS: Medical, Training, Home Repairs, Accessibility, Other	YES NO	
UTILITY ASSISTANCE: Electric, Natural Gas, Propane, Water, Other	YES NO		LEGAL: Child Support, Criminal Civil. Other	YES NO	
HOUSING: Temporary Shelter, Subsidized, Section 8, Housing, Repairs, Weatherization, Other	YES NO		HEALTH: Immunizations, Prescriptions, Primary Health Care, Mental Health, Other	YES NO	
HEATING / COOLING Heaters, Window Units, Repairs, Water Heater	YES NO		EDUCATION: GED, English as Second Language-ESL, Vocational Training, Other	YES NO	
CARE NEEDS: Child Care, Elderly Care, Other	YES NO		Other Needs Not Identified On This Assessment:	YES NO	

**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 (including students), 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)*

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.)*

(Signature/Firma del Solicitante)

(Date/Fecha)

Community Action, INC. of Central Texas
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 V102(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 confirm my eligibility as a Person with Disability, in accordance with the above-stated definition of Person with Disability.	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Person with Disability or His/Her Guardian	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date