



Tri-County Community Action, Inc.
A Community Action Agency Providing Services to Children & the Community
 Serving: Harrison, Jasper, Newton, Panola, Sabine, San Augustine, Shelby, Tyler, and Upshur Counties
 (See Your County's Information Listed Below)

PLEASE NOTE: Incomplete applications WILL NOT be processed!

⚠ IF YOU HAVE A BALANCE OF ANY AMOUNT ON YOUR UTILITY ACCOUNT, PLEASE DO NOT COMPLETE THIS APPLICATION UNTIL THE BALANCE HAS BEEN EXHAUSTED.

Applications will be accepted by email, fax, mail, or drop-off and will be processed according to priority. PLEASE NOTE that it can take anywhere from 4-8 weeks to process completed applications and in some cases it 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 the outcome. This application is for screening purposes only and does not guarantee your eligibility to receive services. Payments are made to the Utility Company within 45 days from the date of the voucher and are subject to availability of funds.

INSTRUCTIONS & DOCUMENTS REQUIRED BEFORE APPLICATION CAN BE ACCEPTED

(All Information MUST be for the CURRENT PROGRAM YEAR in which services are being rendered)

1. Completed application with all required documents.
2. Driver's License, Texas ID, or Federal ID w/photo
3. Social Security cards for all household members.
4. School records for all children listed on your application that are currently enrolled in school.
5. **Proof of ALL income FOR THE PAST 30-DAYS for every household member 18 years or older**, who works or receives assistance. (This includes check stubs, Current Year Award Letter for Social Security (Regular), Social Security Disability Insurance (SSDI), or Social Security Insurance (SSI), VA, TANF Letter, SNAP Letter, Retirement, Pension, Unemployment printout that shows the weekly payment amounts (not the overall benefit amount), **BANK STATEMENTS ARE NOT ACCEPTED as income**.
6. Proof of Child Support whether it is being received or not. Court order page that shows the amount to be paid.
7. For self-employed clients, you must provide your most current income tax information.
8. For clients that are receiving cash payments, a letter from your employer with EXACT dates and **GROSS** dollar amounts paid for the last 30 days on **company letterhead with employer's signature is required**.
9. If you or any household member(s) over the age of 18 are unable to provide proof of income, you will be required to fill out the Declaration of Income Statement form explaining why proof of income is unavailable for the person in your household that has no proof.
10. If you or anyone in the household who is 18 years of age or older is disabled, but not receiving disability benefits, you must complete the self-certification form of disability provided with the application.
11. Disconnection/Termination notices for electric company.
12. 12-month Billing History for your electric, gas, propane, and water.
13. If you are seeking rental assistance, you must provide a valid Lease Agreement (ALL pages). **You must be in a court-ordered eviction status and able to show proof OR a MAJOR household change in circumstance has occurred before rental assistance will be provided. Rental assistance is provided once within a 12-month timeframe. All assistance is based on funding availability.**

PROOF OF CITIZENSHIP & IDENTIFY FOR ALL HOUSEHOLD MEMBER(S) – NO EXCEPTIONS!

MUST PROVIDE ONE OF THESE FOR ALL HOUSEHOLD MEMBERS: Passport, Certificate of Naturalization, Certificate of US Citizenship, Certificate of US Tribal Enrollment w/Photo **OR**

ONE OF THESE: State Issued Driver's License, Military Card, State Issue ID Card, State Offender Card, Current School ID

AND ONE OF THESE: Certified Copy-State Issued Birth Certificate, Permanent Resident Card, Non-Immigrant Cards, Refugee Card

(If you will be mailing your application, you must provide copies of the required documents. Any documents you provide, will be kept in your case file and will not be returned to you. If ALL required documents are not provided, your application will be placed on a "wait" list. You will be contacted once by phone or mail to inform you of what is needed. You will have 7 business days to provide the information. After which, your application will be discarded and no services will be provided)

PLEASE HAND DELIVER, MAIL, EMAIL OR FAX YOUR APPLICATION TO THE LOCATION LISTED BELOW FOR YOUR COUNTY

COUNTY	PHYSICAL / MAILING ADDRESS	WORK FAX NUMBER	EMAIL ADDRESS
Harrison	505 E. Travis St. Suite 115 Marshall, TX 75670	903-934-9892 (Work) 903-934-8570 (Fax)	tluster@tccainc.org
Jasper/Newton/ Tyler	1201 Cardinal Dr. Woodville, TX 75979	409-283-7867 (Work) 409-331-9116 (Fax)	pswanson@tccainc.org
Panola	1218 S. Market Street Carthage, TX 75633 (2 nd Door Entrance) Mailing Address: P.O. Drawer 1748 Center, TX 75935	936-427-2385 (Work) 936-598-7377 (Fax)	lstandley@tccainc.org
Sabine/Shelby	214 Nacogdoches St. P.O. Drawer 1748 Center, TX 75935	936-598-6315, ext. 500 (Work) 936-598-7377 (Fax)	pnash@tccainc.org
San Augustine	214 Nacogdoches St. P.O. Drawer 1748 Center, TX 75935	936-598-6315, ext. 500 (Work) 936-598-7377 (Fax)	lstandley@tccainc.org
Upshur	1561 State Hwy 271 N., Suite #A Gilmer, TX 75644	903-843-0604 (Work) 903-797-3043 (Fax)	beubanks@tccainc.org



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OFFICE USE ONLY	
Date Received: ____/____/ 2025	
Priority	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Disabled
<input type="checkbox"/> Child 5 or younger	

Applicant,

The information on this form is needed to determine your household's eligibility. Please complete the entire form and leave no blanks.

HAVE YOU EVER RECEIVED ASSISTANCE FROM TCCA IN THE PREVIOUS YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

HEAD OF HOUSEHOLD CONTACT INFORMATION	
Name:	
Mailing Address:	Apt#:
City/State/Zip:	County:
Physical Address: <i>(if different from above)</i>	Apt#:
City/State/Zip:	County:
Home Phone: ()	Mobile Phone: ()
Email Address:	
Emergency Contact Name:	Emergency Contact Phone: ()

HOUSEHOLD INFORMATION <i>(List the Head Household and all other persons who make up the household)</i>								
Household Member	Relationship to Applicant	Sex Race	Date of Birth (MM/DD/YY)	Social Security Number	Disabled Y or N	Veteran Y or N	Health Insurance Y or N	Highest Grade of completion
1.	SELF		/ /					
2.			/ /					
3.			/ /					
4.			/ /					
5.			/ /					
6.			/ /					
7.			/ /					
8.			/ /					
9.			/ /					
10.			/ /					
11.			/ /					
12.			/ /					

HOUSING INFORMATION									
Type of Residency: <input type="checkbox"/> Private Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Subsidized or Public Housing <input type="checkbox"/> Other:									
Housing Status: <input type="checkbox"/> Own <input type="checkbox"/> Purchasing <input type="checkbox"/> Rent			Monthly Payment: \$			Are utilities included in rent? (circle one) Y or N			
Landlord's or Apartment's Name:									
Landlord's or Apartment's Address:						City/Zip:			
Landlord's or Apartment's Phone#:									
HOUSEHOLD INCOME & INFORMATION (Please check ALL that applies to each household member)									
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Support <input type="checkbox"/> Regular SS <input type="checkbox"/> SSI <input type="checkbox"/> RSDI <input type="checkbox"/> SSDI <input type="checkbox"/> VA <input type="checkbox"/> Pension <input type="checkbox"/> WIC <input type="checkbox"/> Regular Retirement <input type="checkbox"/> Teacher's Retirement System (TRS) <input type="checkbox"/> Rental Property <input type="checkbox"/> Other:									
Is anyone in the household receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, please list: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Grandchildren <input type="checkbox"/> Other				
Is anyone in the household receiving Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, please list: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other				
If you do not receive Medicaid or Medicare, do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Does anyone in your household have a chronic illness? <input type="checkbox"/> Yes <input type="checkbox"/> No					If so, how many people have a chronic illness?				
EMPLOYMENT/OCCUPATION INFORMATION									
Head of Household Member's Name			Occupation			Work Phone		Work Fax	
Name of Employer			Street Address of Employer			City		State	Zip Code
Date Hired:		Salary \$		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	
Household Member's Name			Occupation			Work Phone		Work Fax	
Name of Employer			Street Address of Employer			City		State	Name of Employer
Date Hired:		Salary \$		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	
Household Member's Name			Occupation			Work Phone		Work Fax	
Name of Employer			Street Address of Employer			City		State	Name of Employer
Date Hired:		Salary \$		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	
Household Member's Name			Occupation			Work Phone		Work Fax	
Name of Employer			Street Address of Employer			City		State	Name of Employer
Date Hired:		Salary \$		<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:				# of Hours Worked Per Week	
UTILITY INFORMATION									
ELECTRIC VENDOR NAME:					ACCT #:		Used For: (please check one) <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both		
NATURAL GAS VENDOR NAME:					ACCT #:		Used For: (please check one) <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both		
PROPANE VENDOR NAME:					ACCT #:		Used For: (please check one) <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both		
WHAT APPLIANCE IS USED TO COOL THE HOME?				(Please circle all that apply) <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Ceiling Fan(s) <input type="checkbox"/> Box Fan(s) <input type="checkbox"/> Attic Fan <input type="checkbox"/> Other:					
WHAT APPLIANCE IS USED TO HEAT THE HOME?				(Please circle all that apply) <input type="checkbox"/> Central Unit <input type="checkbox"/> Window Unit <input type="checkbox"/> Natural Gas Heater <input type="checkbox"/> Propane Heater <input type="checkbox"/> Other:					
WHAT TYPE OF STOVE IS USED? <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane									
IS YOUR AC OR HEATER WORKING PROPERLY? Yes No					ARE YOU IN NEED OF AC OR HEATER REPAIR? Yes No				
CONFLICT OF INTEREST INFORMATION									
Is anyone in the household currently serving or related to an employee, agent, consultant, an officer, elected or appointed official or board member of Tri-County Community Action Agency, Inc.? <input type="checkbox"/> YES <input type="checkbox"/> NO									
If YES, please identify name and role: _____/_____									

PRESENTING NEEDS/PRIORITY INFORMATION:			
Services will not be provided unless this page is completed and no area left blank- NO EXCEPTIONS! ***If answers are not provided, this could deem your application as incomplete and placed on a wait list***			
What do you need help with and why? (Check all that apply)			
<input type="checkbox"/> Electric Bill <input type="checkbox"/> Gas Bill <input type="checkbox"/> Water Bill <input type="checkbox"/> Medication <input type="checkbox"/> Rent <input type="checkbox"/> Food <input type="checkbox"/> Clothes <input type="checkbox"/> Weatherization <input type="checkbox"/> Child Care <input type="checkbox"/> GED <input type="checkbox"/> College Classes <input type="checkbox"/> Uniforms/Tools <input type="checkbox"/> Job Referral <input type="checkbox"/> Other:			
Why do you need assistance from TCCA, Inc. today? <i>(This information is required or no assistance will be provided)</i>			
What is the latest date this household received income and what source provided the income?		Date and Year:	Source of Income:
If you are claiming no household income, explain how you are living day-to-day.			
Is anyone living in your household age 14-24 not going to school or not working?		If so, who?	
CASE MANAGEMENT			
Are you willing and able to obtain a job, enroll in job training or engage in ways to increase your income by actively participating in TCCA's Transitioning Out of Poverty (TOPs) Program? Are you willing to make a commitment to follow-up on referrals, submit monthly income and meeting with a Case Manager a minimum of once a month to successfully complete the Transitioning Out of Poverty (TOPs) Program?			Y / N
ACKNOWLEDGEMENT OF APPLICATION & REFERRALS			
By signing this application, I acknowledge that this serves as notification of support services and referrals in the areas listed below from TCCA, Inc.			
Utility Assistance	Crisis Assistance	Case Management	Housing Assistance
Employment Assistance	Transportation/Gas Cards	TANF/Food Stamps	Education Assistance
Child Support Referral	Head Start/Early Head Start	Weatherization	Financial Savings
Military Service Member Referral: https://veterans.portal.texas.gov			
ACKNOWLEDGEMENT AND RELEASE OF INFORMATION:			
I hereby give my permission to release any information and understand that it will be kept in the strictest of confidence. I understand that a photocopy or fax of this release is as valid as an original. I also give TCCA, Inc. Social Services Department and Program permission to share with, to inquire about, make pledges and receive all information from other agencies, utility vendors and employers as needed. I understand that I may be subject to prosecution for providing false information. I understand that I may be terminated for providing false information, threatening behavior, sexual harassment, verbal abuse, theft or violation of TCCA's firearm policy. I understand if terminated, I will not be able to re-apply for services for 2 years.			
Applicant Initial Here:			
ENERGY SAVER TIPS:			
I hereby acknowledge that I have received a copy of the Energy Saver Tips for the benefit of assisting me with making my home energy efficient.			
Applicant Initial Here:			
By signing below I acknowledge that I have read, understand and agree with the entire TCCA CSBG/CEAP Intake Application. I certify that the information on this application is correct and I also understand that receipt of assistance through misrepresentation for fraud is punishable by fine or imprisonment.			
Applicant Signature:		Date:	
Staff Signature:		Date:	
FOR OFFICE USE ONLY: If there is a Conflict of Interest (COI), this application requires the Program Director's review and approval.			

SELF CERTIFICATION OF DISABILITY *(Please complete this portion of the application ONLY if you are certifying yourself or someone else as being disabled. Please Note: You will be responsible if any information is found to be fraudulent)*

Applicant Name:	
Name of Person with a Disability:	
Relationship of Person with Disability to the Applicant:	<input type="checkbox"/> SELF <input type="checkbox"/> Spouse/Significant Other <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Cousin <input type="checkbox"/> In-Law <input type="checkbox"/> Non-Relative

I hereby certify that I am disabled as defined by one of the following:

- ❖ 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 Development Disabilities Services and Facilities Construction Act; or
- ❖ Receiving benefits under 38 U.S.C. Chapter 11 or 15.

☐ I receive benefits as a result of my disability

☐ I do not receive benefits as a result of my disability

☐ I do not receive benefits as a result of my disability, but I have applied for benefits

APPLICANT'S AUTHORIZATION TO DECLARE DISABLED STATUS:

Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the PENAL CODE, it is a felony of the third degree to falsify this document. 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 or 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 aplica 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)

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.

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

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ENERGY SAVER TIPS

(Please DO NOT turn this back in with your application. This is for you to keep for your records)

Every month you pay to power your home. You pay for electricity. You pay for air conditioning. You pay for water. All of those costs add up. You can save money on each of those bills by making your home more energy efficient. Energy efficiency means getting the most use out of each unit of energy you purchase; using energy wisely; and eliminating the ways your home wastes energy. The average family's annual energy bill in southern states was \$1,758 in 2005, according to the U.S. Department of Energy.

LIGHTING

WHAT YOU CAN DO:

- **TURN OFF THE LIGHTS.** One 100-watt bulb left on overnight costs \$25 per year.
- **SWITCH TO COMPACT FLUORESCENT (CLF) BULBS.** A typical home can save \$80 per year, according to the U.S. Environmental Protection Agency.
- **SHOP FOR SALES.** Stores often have sales on CFLs, especially during October, which is Energy Awareness Month.
- **GET THE RIGHT BULB.** Bulbs with dimmer switches, three-way sockets, and other specialty shapes need specialty CFLs.
- **BUY ENERGY STAR LIGHT FIXTURES AND LAMPS.** They use one-quarter of the energy traditional fixtures use.
- **KEEP LIGHTS CLEAN.** Dust can cut a bulb's light output by 25%.
- **DISPOSE OF CFLs.** Like paint, batteries, and thermostats, CFLs should be disposed of properly. Do not throw them away in your household trash. If possible, deposit at a hazardous waste facility in your community.

WATER

WHAT YOU CAN DO:

- **INSTALL LOW-FLOW SHOWERHEADS.** They use one-third to one-half the water that regular showerheads use.
- **TURN THE WATER HEATER THERMOSTAT DOWN TO 120°F.** You will save money and save yourself from scalding accidents.
- **BUY A WATER HEATER THAT FITS YOUR NEEDS.** If you buy a new water heater that is too big, you will pay to heat up water you don't need. That's a waste of both energy and money.
- **TAKE SHORT SHOWERS.** They use less hot water than baths.
- **FIX LEAKY WATER FAUCETS.** 30 drops of water per minute can waste up to 50 gallons of water per month.
- **INSTALL LOW-FLOW AERATORS ON FAUCETS.** They reduce the amount of water that flows from your faucet, saving both water and energy.

LAUNDRY

WHAT YOU CAN DO:

- **WASH WITH COLD WATER INSTEAD OF HOT.** Hot water is only necessary for very dirty laundry.
- **WASH AND DRY ONLY FULL LOADS.** The machines use roughly the same amount of water and energy to wash or dry one item as they do a full load.
- **SEPARATE FAST-DRYING CLOTHES FROM SLOW-DRYING ONES.** It helps you use the dryer only as long as needed.
- **CLEAN THE LINT FILTER.** A clogged filter can prevent your dryer from doing its job.
- **DRY CLOTHES OUTSIDE IN GOOD WEATHER.** Sunlight is FREE!
- **CHOOSE ENERGY STAR WASHING MACHINES.** They use less than half the water and energy of standard machines.
- **USE THE HIGH-SPEED SPIN CYCLE IN YOUR WASHER.** They extract more water, so your laundry won't need to dry as long.
- **BUY A DRYER WITH AUTOMATIC SHUTOFF.** The dryer will sense when your clothes are dry and automatically turn itself off, saving energy.

KITCHEN

WHAT YOU CAN DO:

- **USE THE DISHWASHER.** You can save 5,000 gallons of water each year and \$40 in utility costs using a dishwasher instead of washing dishes by hand, according to Energy Star.
- **WASH ONLY FULL LOADS OF DISHES.** It costs exactly the same to wash one dish as it does to wash a full load of dishes.
- **CHECK YOUR REFRIGERATOR'S TEMPERATURE.** You lose money if you keep it too cold. To check, put one thermometer in a glass of water in the center of the refrigerator and another between packages in the freezer. Read them after 24 hours. The temperature should be between 36°F and 38°F in the refrigerator and 0°F and 5°F in the freezer.
- **USE THE AIR-DRY OPTION ON YOUR DISHWASHER.** It saves energy and keeps the machine from using a heating element to bake your dishes dry.

- **SCRAPE DISHES INSTEAD OF PRE-RINSING THEM.** Dishwashers made in the past 5-10 years can clean even heavily soiled dishes without pre-rinsing.
- **USE MICROWAVES AND CROCKPOTS TO COOK SMALL MEALS.** They use less energy than the stove or oven.
- **KEEP THE INSIDE OF YOUR MICROWAVE CLEAN.** It improves the efficiency of your microwave.
- **USE LIDS.** When cooking, lids keep steam in and help food cook more quickly, which saves energy.

APPLIANCES

WHAT YOU CAN DO:

- **ALWAYS BUY ENERGY STAR APPLIANCES.** They are more efficient than other appliances, so they will cost less to operate.
- **LOOK AT THE ENERGYGUIDE LABEL WHEN BUYING APPLIANCES.** It will show the appliances' second price tag; it's operating costs. It will also give comparisons to similar machines.
- **DON'T JUST LOOK AT ONE APPLIANCE.** It's better to compare the efficiencies of different machines than to look at one option.
- **GET THE RIGHT SIZE.** Oversized appliances waste energy. Choose an extra-large dishwasher or fridge only if you have a large family that needs it.
- **LOOK FOR HIGH-EFFICIENCY FEATURES.** Things like soil-sensing detectors on dishwashers and automatic shutoffs on clothes dryers save energy and money.
- **RECYCLE OLD APPLIANCES.** It reduces waste. Refrigerators and other appliances can be used for scrap metal or other uses. If possible, find a real recycling program, not one that resells inefficient second-hand machines.

LIVING ROOM

WHAT YOU CAN DO:

- **TURN OFF THE TV WHEN NO ONE IS WATCHING.** It's the easiest way to save.
- **USE THE SLEEP FUNCTION.** An average household can cut 60% of the energy their electronics use by using the sleep mode.
- **UNPLUG POWER ADAPTERS AND CHARGERS.** When cell phones, digital cameras, or laptops are done charging, the charger still draws energy unless you unplug it.
- **CHECK YOUR AIR VENTS AND REGISTERS.** If they're blocked by furniture or drapes, the air you pay to warm up or cool down won't reach the rest of the room.
- **CONSIDER YOUR WINDOW COVERINGS.** They should be closed during the day in summer to keep the heat out and open during the day in winter to let sunlight warm your home.
- **SHUT THE FLUE ON YOUR FIREPLACE.** An open flue lets air escape from your home, wasting energy. If you never use the fireplace, have it sealed up permanently.
- **WEATHER-STRIP WINDOWS.** Windows are a common location for air leaks. Seal them up with weather-stripping or caulk for a more efficient home.

COOLING

WHAT YOU CAN DO:

- **CLEAN FILTERS MONTHLY.** Dirty or clogged filters block airflow and reduce efficiency.
- **USE A FAN FIRST.** Ceiling fans create a wind chill effect by moving air through your home. Fans can help cool your home during moderate temperatures without the use of an air conditioner. If you use fans along with an AC, you can raise the temperature on your thermostat by 4°F without decreasing the comfort level.
- **INSTALL ROOM AIR CONDITIONERS CORRECTLY.** If the unit is not installed tightly, cooled air will escape from your home.
- **PLACE YOUR ROOM AIR CONDITIONER PROPERLY.** If the thermostat of your unit is near electronics or appliances that produce heat, it will read higher than it should. Put the unit in a shaded window where it will not be heated by sunlight.
- **SET THE THERMOSTAT TO 78°F IN SUMMER.** The smaller the difference between the inside and outside temperatures, the lower your cooling bill will be.

WINDOWS

WHAT YOU CAN DO:

- **INSTALL AWNINGS OUTSIDE YOUR WINDOWS.** Overhangs can be used to block summer sun from entering south-facing windows, while allowing lower winter sun angles to warm the inside of your house.
- **USE WINDOW COVERINGS INSIDE YOUR HOME.** Blinds, drapes, and shutters allow you to control how much sun enters your home from the inside. Draw them closed on warm days so the AC doesn't have to work as hard.
- **USE CAULK AROUND YOUR WINDOW AND DOOR FRAMES.** Caulking small cracks, gaps and joints is a good way to seal air leaks around window frames, doorframes, and other leaky parts of your home. Putting caulk in cracks and gaps is a key step in sealing your home to prevent infiltration, which is the unwanted leaking of air through openings in your home's envelope.
- **INSTALL WATHERSTRIPPING IN YOUR WINDOWS.** Weather-stripping creates an insulating cushion between the window and its frame to prevent air from leaking into your home.



TRI-COUNTY COMMUNITY ACTION, INC.

SOCIAL SERVICES DEPARTMENT

CLIENT SATISFACTION SURVEY

How Are We Doing?

Tri-County Community Action, Inc. (TCCA) staff are committed to monitoring the products and services we provide, as part of an on-going quality improvement process. We would appreciate your feedback on our performance. All submissions are confidential and will not affect benefits and services received.

1. **What County do you live in?**

- | | | |
|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Harrison | <input type="checkbox"/> Panola | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Jasper | <input type="checkbox"/> Sabine | <input type="checkbox"/> Tyler |
| <input type="checkbox"/> Newton | <input type="checkbox"/> San Augustine | <input type="checkbox"/> Upshur |

2. **What was the purpose of your visit / call?**

- | | | |
|--|---|---|
| <input type="checkbox"/> Assistance with a utility bill (light, water, gas, propane) | <input type="checkbox"/> To get help to pay for medicine | <input type="checkbox"/> To get help with food |
| <input type="checkbox"/> To ask for a gas card | <input type="checkbox"/> To get help to pay for rent | <input type="checkbox"/> To get help with school supplies for my children |
| <input type="checkbox"/> To get help with education (books, tools, uniforms, testing fees, etc.) | <input type="checkbox"/> To get help with temporary shelter (stay at a hotel) | <input type="checkbox"/> Other: <i>(Please specify)</i> |

3. **How did you learn about TCCA, Inc.?**

- | | | |
|---|---|---|
| <input type="checkbox"/> Someone told me about it | <input type="checkbox"/> Internet Search | <input type="checkbox"/> Other: <i>(Please specify)</i> |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Utility Company | |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Board Representative | |

4. **What services have you ever received from TCCA? *(Please check all that apply)***

- | | | |
|--|---|--|
| <input type="checkbox"/> Assistance with paying my utility bill (light, water, gas, propane) | <input type="checkbox"/> Child(ren) enrolled in Head Start or Early Head Start | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Received a gas card | <input type="checkbox"/> I have volunteered for TCCA | <input type="checkbox"/> Temporary Shelter |
| <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Safe Haven (Domestic Violence Assistance) | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> I was/am a case management client | <input type="checkbox"/> Assistance with auto repair (oil change, tire, minor repair) | <input type="checkbox"/> VITA (Income Tax Service) |
| | | <input type="checkbox"/> Educational Assistance (books, uniforms, tools, testing fees, lab fees, etc.) |

5. **Please rate the following aspects of your visit or contact with TCCA, Inc.**

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The office was easy to find, well-marked & convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I met with staff at or near the time of my appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't have an appointment, but was served in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff were courteous, respectful, and friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff was sensitive to my situation and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My need or reason for my visit was/will be taken care of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCCA could not meet my need(s), but I was referred to other provider(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCCA helps to improve the condition in which low-income people live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you answered **DISAGREE** or **STRONGLY DISAGREE** to any question above, please explain why:

--

7. Since you have participated or received TCCA services, are you and your family

- ☐ More self-supporting
☐ Less self-supporting
☐ Somewhat self-supporting
☐ No change

8. Overall, how do you rate the quality of services we provide?

- ☐ Excellent
☐ Good
☐ Adequate
☐ Poor
☐ Unacceptable

9. What level of confidence do you have in TCCA staff to deliver the services that you require:

- ☐ Complete confidence
☐ A lot of confidence
☐ Some confidence
☐ Little confidence
☐ No confidence

10. Would you be willing to share your story with others by having it placed in our monthly newsletter, on our website, and/or in our annual report? We'd love for you to tell people how TCCA can help.

- ☐ Yes
☐ No
☐ Not sure

11. If you answered yes to question #10, please fill out the contact information:

Name:	
Address:	
City/Town:	
Zip Code:	
E-Mail Address:	
Phone Number: Cell Home	