



**Community Council of
South Central Texas, Inc.**

Intake Application

Last Name	First Name	Middle Initial:
Address:		Apt.#
City, State, Zip		County:
Mailing Address (if different):		Apt.#
City, State, Zip		County:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

REMINDER: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

Required Documents:

- _____ 1. Completed application
- _____ 2. Valid Photo Identification for head of household or applicant (driver's license or ID)
- _____ 3. **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**, current year VA letter, unemployment, TANF letter, retirement, pension, child support, etc.)
- _____ 4. If any household member 18 or over is **NOT** receiving any income, you must complete the attached Declaration of Income Statement.
- _____ 5. **A 12 month billing history** from each of your energy providers (Electric Natural Gas and/ or Propane) NOTE: if you have lived in the residence less than 12 months you must provide history for as many months as possible).
- _____ 6. Your current utility bill for Electricity **and** a disconnect notice if applicable.

*Once the application is received with **ALL** supporting documents, it will be processed in the order received and by priority. **Until your application is processed, you are responsible for your utility bills and any late fees that occur.** Once the application is processed, you will be notified if you qualify for assistance. This application is for screening purposes only and does not guarantee your eligibility to receive services. Payments are made to utility companies within 45 days from the date of the voucher and are subject to availability of funds.*

CLIENTS ARE SEEN BY APPOINTMENT ONLY

Please call your local CCST office at 830-773-5637 with any questions:

County: MAVERICK Office Hours: 8AM-3PM, CLOSED FRIDAY

County Coordinator: Daniela Flores-Aleman

Community Council of South Central Texas, Inc.

Intake Application

Names of All Household members - Include yourself	Social Security #	Gender M / F	Date of Birth	Race	Hispanic Y / N	Education Level Circle Answer	Relationship Type Circle Answer
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Child Spouse Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Child Spouse Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Child Spouse Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Child Spouse Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Child Spouse Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Child Spouse Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Child Spouse Grandchild Other
					Y / N	0-8 9-12 HS Grad/GED 12+ college 2 or 4 yr Grad	Self Child Spouse Grandchild Other

Community Council of South Central Texas, Inc.
Intake Application

Income Sources: (Identify ANY income of anyone 18 or older in the household for the <u>PAST 30 DAYS</u>)					
Employment	___ Yes	___ No	Unemployment/Worker's Comp	___ Yes	___ No
Odd Jobs/Self Employment	___ Yes	___ No	Recurring Gifts/Family Support	___ Yes	___ No
Social Security / SSI Benefits	___ Yes	___ No	SNAP (food stamps)	___ Yes	___ No
Veteran's Benefits	___ Yes	___ No	TANF	___ Yes	___ No
Retirement /Pension/Annuity	___ Yes	___ No	Currently Receiving Child Support	___ Yes	___ No
Alimony or spousal support	___ Yes	___ No	EITC	___ Yes	___ No
No income	___ Yes	___ No	Non-Cash Benefits Only	___ Yes	___ No
Affordable Care Act Subsidy	___ Yes	___ No	Permanent Supportive Housing	___ Yes	___ No
Childcare Voucher	___ Yes	___ No	Public Housing	___ Yes	___ No
WIC	___ Yes	___ No	Housing Choice Voucher	___ Yes	___ No

Work Status: For all household members			
Employed Full-Time	___ Yes	___ No	Who?
Migrant Seasonal Farmworker	___ Yes	___ No	Who?
Unemployed 6 month +	___ Yes	___ No	Who?
Unemployed less than 6 months	___ Yes	___ No	Who?
Employed Part-Time	___ Yes	___ No	Who?
Retired	___ Yes	___ No	Who?
Unemployed	___ Yes	___ No	Who?
Unknown/Not reported	___ Yes	___ No	Who?

Insurance : Identify ANY insurance for all household members			
Direct purchase	___ Yes	___ No	Who?
Employer pays	___ Yes	___ No	Who?
Medicaid	___ Yes	___ No	Who?
Medicare	___ Yes	___ No	Who?
Military Health Care	___ Yes	___ No	Who?
CHIPS	___ Yes	___ No	Who?
State Health Insurance for	___ Yes	___ No	Who?
Unknown/Not reported	___ Yes	___ No	Who?

Military Status: For any household member			
Active	___ Yes	___ No	Who?
None	___ Yes	___ No	Who?
Veteran	___ Yes	___ No	Who?
Not Reported	___ Yes	___ No	Who?

Community Council of South Central Texas, Inc.
Intake Application

Housing Information:			
Type	Private Home ___	Mobile Home ___	Apartment/Duplex ___ Other _____ # Bedrooms _____
Subsidized/Public Housing?	Y / N	Own: ___ Yes ___ No	Monthly Mortgage \$ _____
Rent	___ Yes ___ No	Monthly Rent \$ _____	Utilities included in rent? Y / N
Prior Weatherization Assistance?	Y / N	Date completed?	House built date:

Utility Information:	
Is the light bill under a different name? Who: _____ (You must bring a letter from this person, if this person is not a household member, stating that you are responsible for the bill)	
Electric Company: _____	Account # _____ Heating ___ Cooling ___ Both ___
Natural Gas Company: _____	Account # _____ Heating ___ Cooling ___ Both ___
Propane Company: _____	Account # _____ Heating ___ Cooling ___ Both ___
Type of A/C: _____	Central ___ Evaporative Cooler ___ Window Unit ___ None
Type of Heater: _____	Central ___ Space Heater ___ Wall Furnace ___ Fireplace ___ Stove ___ None

Priority Information:	
1. Have you ever received services from Community Council of South Central Texas, Inc.	Y / N
2. Is anyone in the household 60 years of age or older?	Y / N
3. Is anyone in the household disabled?	Y / N
4. Are there any children 5 years or younger in the household?	Y / N
5. Is anyone in the household a veteran?	Y / N
6. Is anyone living in your household age 14-24 not going to school or working?	Y / N

Conflict of Interest Information:	
1. Is anyone in the household currently an employee, agent, consultant, officer or board member of Community council of South Central Texas, Inc.?	Y / N
If YES, identify who and their position _____	
2. Is anyone in the household related to anyone currently serving as an employee, agent, consultant, officer or board member of Community council of South Central Texas, Inc.?	Y / N
If YES, identify who and their position _____	

FOR OFFICE USE ONLY: If there is a COI, this application requires the Executive Director's Approval and must be reviewed by the Program Director and a selection of peers.

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

Applicant Signature

Date

Community Council of South Central Texas, Inc.

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, 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	

Community Council of South Central Texas, Inc.
Intake Application
CEAP PROGRAM AGREEMENT

Please initial each statement:

_____ I understand that I must attend CCSCT Money Management and Energy Conservation training sessions. I acknowledge that CCSCT CS pays my utility company for the UAC program based on the **previous year bills.**

_____ I understand that I must pay the difference from the current bill and what CCSCT CS pays. It is my responsibility to inform CCSCT CS of any household changes immediately.

_____ I understand that I must inform CCSCT CS within 10 days, if I change my utility company, telephone number or move to another residence.

_____ I understand that I must reimburse CCSCT if I fail to inform CCSCT CS of any of the above mentioned changes. I understand that assistance is based on availability of funds. **If funds are exhausted, I must pay my own bill or make arrangements with the utility company**

_____ I have read and understand this agreement and CCSCT staff has briefed me on my responsibilities and goals that I need to achieve.

_____ I understand that this is not an entitlement, but a resource to help me become energy self-sufficient.

- **CCSCT does not pay late fees, security lights or any deposits payment to the utility company. All vouchers are issued directly to the utility company. Any CCSCT funds paid to the utility company when client changes vendors, duplicate payments or account changes must be repaid to CCSCT.**

Community Council of South Central Texas, Inc.
Intake Application
ENERGY CONSERVATION TIPS

- Keep doors and windows closed and windows closed and latched in winter.
Cerrar las ventanas y puertas durante el invierno.
- Set furnace thermostat as low as comfortable.
Abaje el termostato del calentador lo más bajo y confortable.
- Turn down thermostat at night and when away.
Abaje el termostato del calentador en la noche y cuando no está en casa.
- Open drapes on winter days.
Abre las cortinas en tiempo de invierno.
- Perform routine furnace maintenance.
Mantenga su calentador anualmente.
- Turn off furnace pilot in summer.
Apague el piloto del calentador durante el verano.
- Open Windows for evaporative cooling.
Abra las ventanas cuando use los avancis de evaporador.
- Close drapes on summer days.
Cierre las cortinas durante el verano.
- Perform routine cooler maintenance.
Mantenga su aire acondicionado rutinamente.
- Drain water heater sediment periodically.
Vaciar el calentador de agua cada en cuando.
- Turn off lights and appliances when not in use.
Apague las luces y aparatos eléctricos cuando no los están usando.
- Dry full loads in clothes dryer and use clothesline when applicable.
Secar con buitos grandes en la secador y cuando posible tiende afuera.
- Cook with small appliances rather than oven.
Cocinea con aparatos chicos en vez de el cocedor.
- Clean refrigerator coils regularly.
Limpie el inductor regularmente.
- Set water heater thermostat as low as possible.
Mantenga el termostato de su calentador de agua los más bajo y conveniente.
- Wash clothes with cold or warm water and rinse with cold water.
Lava ropa con agua fría o tibia y enjuaga con agua fría.

Community Council of South Central Texas, Inc.
Intake Application
Energy and Budget Quiz
Please circle the correct answer

ENERGY QUIZ

1. Which of the following can reduce your energy costs?
 - A. Turn off lights
 - B. Switch to compact florescent light bulbs
 - C. Use dimmer switches
 - D. All of the above
2. What can you do to cut you water usage by 1/3 to 1/2 during showers?
 - A. Don't take showers
 - B. Install low-flow showerheads
 - C. Take longer showers
 - D. Go on vacation more often
3. How can you save energy costs in the laundry room?
 - A. Dry only small loads of laundry
 - B. Wear dirty clothes
 - C. Wash in cold instead of hot water
 - D. Only change the lint filter when it is full
4. How can you best save energy costs in the kitchen?
 - A. Wash only full loads in the dishwasher
 - B. Keep the inside of your microwave clean
 - C. Use crockpot instead of the oven
 - D. All of the above
5. Energy safety includes which of the following?
 - A. Buy smoke detectors and make sure they are working properly
 - B. Know the symptoms of carbon monoxide poisoning
 - C. Keep furnace area clean
 - D. All of the above

BUDGET QUIZ?

1. A budget plan helps you to meet?
 - A. Your own goals
 - B. Your husband's / boyfriends / significant others goals
 - C. Your friends goals
 - D. Your pets goals
2. Creating a budget helps you to?
 - A. Prepare for large expenses
 - B. Prepare for unpredictable expenses
 - C. Helps you identify items that are not essential
 - D. All of the above
3. What is an example of an expense?
 - A. Wages and Bonuses
 - B. Interest or Investment Income
 - C. Money made from tips, sales, commissions
 - D. Rent, mortgage, light bill
4. Which is an example of wants?
 - A. Food, shelter, clothing
 - B. Cable TV, internet
 - C. Eating out, visits to a spa
 - D. Both B & C
5. Budgeting is the key to?
 - A. Having more income than expenses
 - B. Preparing for the future
 - C. Managing your money
 - D. All of the above

Community Council of South Central Texas, Inc.
Intake Application

AUTHORIZATION AND RELEASE OF INFORMATION AND TERMINATION OF SERVICES

1. I am an applicant of the Community Council of South Central Texas, Inc. (CCSCT), Community Services Program.
2. I certify that the information I provided is true and correct to the best of my knowledge and belief.
3. I hereby give my permission to release any information and understand that it will be kept in the strict confidence and be used ONLY for the program purpose.
4. I understand that a photocopy or fax of this release is as valid as the original.
5. I also give CCSCT, Community Services Program permission to share with, to inquire about and to receive all information from other agencies or employers as needed.
6. I understand that my **GROSS** income is annualized at the time of the application according the pre-established rules and procedures in order to determine eligibility for assistance.
7. I understand that if I move, change my utility company, or phone number, I must notify CCSCT within 10 days.
8. I understand that if any member of the household 18 years or older has no income, the Declaration of Income Statement must be completed. No one who provided documented proof of income should be listed on this form.
9. I UNDERSTAND THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.
10. I have either read the above statement or had it read and explained to me, I understand it perfectly.
11. You will be terminated from the CEAP Program immediately for the following offenses if committed by you, the applicant or any household member:
 - a. Any type of actual physical confrontation, belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside any CCSCT office.
 - b. Verbal abuse to include cussing at or in the presence of a child, elderly person or staff member or any other person(s) while inside or outside any CCSCT office. This also includes social media posts!
 - c. Sexual harassment or innuendo toward a staff member or any other person(s) while inside or outside any CCSCT office.
 - d. Providing false or misleading information regarding any household member(s)
 - e. Theft from agency or staff member or any other person(s) while inside or outside any CCSCT office. Theft is also identified as not returning CCSCT funds refunded by Energy Company.
 - f. Violation of CCSCT concealed and open carry handgun and firearm policy.

I acknowledge that once terminated, I will not be allowed to reapply for any services with the Community Council of South Central Texas, Inc. (CCSCT) for a period of 1 – 2 years depending on the severity of the violation; and the ban from services will remain in effect even if the person(s) who committed the violation moves out. I acknowledge that all documentation of the violation will be maintained in my client file; and that I shall have the right to appeal in writing to the Program Director within 10 days of the violation.

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

Applicant's Signature: _____

Date: _____

Staff Signature: _____

Date: _____

(When application is accepted/logged in)

**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)

Client Survey to Evaluate Services

Community Council of South Central Texas, Inc.

City and County where you live: _____

Age (optional): _____

Survey Purpose: We need your feedback to help improve our services and plan future services.

1. Describe how satisfied you are with the services you received from our agency by circling the rating which best describes your experience:

Rating Topics	No Opinion 0	Poor 1	Fair 2	Good 3	Excellent 4
1. How did staff treat you?	0	1	2	3	4
2. Were the office hours convenient for you?	0	1	2	3	4
3. Did staff do what they said they would do to assist you?	0	1	2	3	4
4. Did staff assist you in a timely manner?	0	1	2	3	4
5. How was your overall service experience?	0	1	2	3	4

2. Do you have any recommendations to improve how we serve you?

Thank you for taking time to provide us your feedback.