

# HCCAA BASIC INTAKE FOR TDHCA PROGRAMS

Date \_\_\_\_\_

Prepared by \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_ STREET ADDRESS (if different from mailing): \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ PHONE: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

HOUSEHOLD INFORMATION		SEE NOTES BELOW FOR CODES							Type of insurance for each applicant:			List employer name, TANF, SSI, Social Security, VA, SNAP, retirement, unemployment, etc.		
List all persons living in household.		Sex M / F	Date of Birth	Age	Race	Ethnicity Hispanic Non-Hispanic	Household Members 14-24 yrs: Not working or in school?	Level of Education for Individuals Over 24 yr	Medicare Medicaid Private pay Military Employer State Adult/Child None	Disabled Yes / No	Veteran Yes / No	US Citizen Yes / No	INCOME SOURCE	TOTAL 30 DAYS GROSS INCOME
Name	SSN													

Total gross income for 30 days immediately prior to application date. \$ \_\_\_\_\_

Total number in household: \_\_\_\_\_ **\*\*Attach income documentation.** If documentation is not possible, a Declaration of Income Statement must be completed and notarized.  
 Someone in this household is a family member of an HCCAA employee: YES / NO

CHECK ALL BOXES THAT DESCRIBE HH INCOME			
No Income		Child Support	
TANF		Unemployment	
SSI		Employment Only	
Social Security		Employ. + any above	
Pension		Other	

HOUSEHOLD TYPE			
Single parent/female		Single person	
Single parent/male		2 adults no child(ren)	
Two parent HH		Other	
Grandparent(s) & grandchildren			

OTHER CHARACTERISTICS		HOUSING	
Food Stamps		Own/buying	
Farmer		Rent	
Migrant farmworker		Homeless	
Seasonal Farmworker		Other	

I certify that the information provided on this application is true and correct to the best of my knowledge and belief.  
**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTICE: The approval of this application is not a guarantee of services.**

**COMPLETE THIS SECTION ONLY FOR CSBG TRACKING PURPOSES** (If applicant is applying for Weatherization or Energy Assistance, attach appropriate Application Pages). Describe the current household situation relevant to seeking assistance and agency plan of action. List assistance provided on Monthly Client Services Record.

**RACE:** B=Black, H=Hispanic, NA=Native American, A=Asian, W=White, M=Multi-Race, O=Other

**ETHNICITY:** H=Hispanic or Latino, N=Non-Hispanic

**EDUCATION:** Highest grade completed for adults 24 years and older – A=0-8, B=9-12, C=HS Grad/GED, D=12+, E=2 or 4 year college graduate