

Action INTAKE APPLICATION 2024

First Name:						Middle Ini	tial:		L	ast Name	2:						
Relationship	to Head	of Hous	ehold:			Date of Bi	rth:		5	Social Sec	urity	<i>t</i> #:		Ge	ender:		
														_	ale	Femal	e
Address:						City:			2	ip Code:				Ph	one:		
re you an e	employ	ee at I	HCCAA?	Yes	No												
mail Addre	ss:																
				Н	ead of	House	hold P	erson	al I	nforma	atio	on					
Educatio	n	0-8	th grade		9-12 th g	ırade	HS Grad	uate	G	ED	12	+ secondo	ary	2-4	college	grad	
Disabled				Yes		No		Hispai	nic				Ye	?\$		No	
Race		Black, Amer	/African ican	Whit	e	Asian	Haw	aiian/Pc	Isl.	Native	Ame	erican	Bi-r	acial	Multi-ı	racial	Other
Work Sta	atus	Emplo	yed FT	Empl	oyed PT	Migran	nt Retir	red		Unemp	•		Une	empl	oyed		Stude
Not worl	king A	ND N	lot in s	cho	ol: YE	S/NO Red	ason:										
Health Insurance NONE						Direct I	Purchase		N	lilitary			М	edic	are		
Medicaid			State C			State-A			Employment Based Separated Widow					.			
Marital S	status		Sin	gie	IV	larried	Divorce	:a	36	eparatea		wiaowe	2a		Domesti	c Partn	er
Veteran		Yes	ì	No		Eligible	Veter	an Spo	ous	е					YES		NO
Vetera	Service	e start (date			End Date		Servio	e Co	nnected		Yes	No		% Disc	abled	
n								Disab	ility								
					House	hold ar	nd Resi	idence	lnt	format	tio	n					
Family Ty	ype	1	Extended	Family		Multige	nerationa	1	Oth	ner			Sing	gle P	arent Fe	emale	
Single Parent	Male		Single Per	son		2 adults	no Childre	en	2 P	arent Hou	ıseh	old					
Housing		Own	Re	nt	Tempo	rary Quar	ters	Homel	ess	If Owr	ned	Year Hou	se was	Buil	lt		
Residenc	е Тур	e	Apt R	ented	•			Mobile	Hon	ne Rented	ı		Sing	le Fa	mily Ho	me Ren	ted
Mobile Home			Single	Famil	y Home O	Home Owned Temporary C		ry Quarte	y Quarters				Homeless				
						l.											

	Household Needs	
Employment Assistance	Housing	Medical-Insurance
Employment Resume	Utility Assistance	Medical-Pregnancy
Family	Weatherization	Training -ESL
Food Stamps –WIC	Legal Referral	Training-GED
Food-Emergency Food	Medical Prescriptions	Training-Voc. Ed

*** Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including 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/ ***

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	Household In	come	
Type of Income	Person Receiving Inco	me Amount Pe	r Month
Employment	T CISON NECESTING INCO	Tunoune re	
Employment			
Social Security			
Social Security			
Social Security Disability			
Social Security Disability			
Food Stamps			
Child Support/TANF			
VA Disability			
Pension			
Unemployment Compensation			
		<u>.</u>	
	Describe Emergenc	v Situation	
	Describe Emergene	y Situation	
	Spouse or Other Hous	ehold Member	
	-		
First Name:	Middle Initial:	Last Name:	
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender:

Spouse or Other Household Member Personal Information

Male

Female

Education	0-8	th grade	9.	9-12 th grade		HS Graduate		GED	12+ secondary		y 2-4 college grad			
Disabled			Yes		No		Hispan	ic			Ye	s	No	
Race	Black Amer	/African ican	White		Asian	Но	waiian/Pc Is	il. Nativ	e Am	erican	Bi-r	acial Multi-ra	ıcial	Other
Work Status	oyed FT	FT Employed P1		Migrant Reti		tired			ed 6 Ionger	Une	mployed		Student	
Not working.	Not a	stude	ent. YES,	/NO Re	ason:									
Health Insura	nce	NONE			Direct F	Purchas	е	Military	Military		М	edicare		
Medicaid S		State C	hildren CH	ΙP	State-A	dult		Employn	nent E	Based				
Marital Status	Marital Status		gle	Married		Divo	rced	Separated		Widowed		Domestic	Partne	er

Veteran		Yes	No		Eligible Vetera	n Spouse			YES	NO
Vetera	Service s	tart date		Servic	e End Date	Service Connected Disability	Yes	No	% Disabled	
n						Disability				

Certification Statement

I certify that the above information is true and accurate. I also understand that during verification should any part be false, participation may be terminated. I also understand that that the information contained will be held in confidence and be used to determine eligibility and program planning. I understand that this information will be shared with Federal, State and local agencies as necessary.

Applicant Name	Client Name Date	Staff Signature	Date

			Child	or Oth	er Ho	usehold	M	embe	er				
First Name:			۸	Aiddle Ini	tial:		L	ast Nam	e:				
Relationship to He	ad of Household:		E	Date of Bi	rth:		S	ocial Sec	urity #:		Gender:		
											Male	Female	<u> </u>
Education	0-8 th grade		9-12 th gr	ade	HS Gra	duate	GE	ED	12+ seconda	ry	2-4 college	grad	
Disabled	<u>.</u>	Yes		No		Hispan	ic			Y	'es	No	
Race	Black/African	White		Asian	На	waiian/Pc Is	sI.	Native	American	Bi-	racial Multi-ro	acial	Othe

Education	0-8	8 th grade		9-12 th gr	rade	HS Gr	aduate	GED	1	2+ secondary	/ 2	2-4 college g	grad	
Disabled			Yes		No		Hispan	ic			Yes		No	
Race Black/Africa			White		Asian	Н	Hawaiian/Pc Is		Native American		Bi-racial Multi-racial		acial	Other
Work Status Employed FT			Employed PT		Migran	Migrant Retired		l l	Unemployed 6 months or longer		Unen	nployed		Student
Not working.	Not a	a stud	ent.	YES/NO	Reason:									
Health Insurar	ice	NONE			Direct I	Purchas	е	Military			Medicare			
Medicaid State			hildren (hildren CHIP		dult		Employ	nent	Based				
Marital Status		Sin	gle	Married		Divo	Divorced		arated Widowed		Domestic Partner		er	

Veteran		Yes	No		Eligible Vetera	ligible Veteran Spouse							
Vetera	Service s	tart date		Servic	e End Date	Service Connected Disability	Yes	No	% Disabled				
n						Disability							

Child or Other Household Member											
First Name:	Middle Initial:	Last Name:									
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female								

Education				9-12 th gra		ade HS Graduate		GEL	GED 12+ secondary		2-4 college grad				
Disabled			Yes		No		Hispan	ic				Yes		No	
Race Black/Africa American			White	?	Asian		Hawaiian/Pc Isl.		Native .	Ame	rican I	Bi-rac	ial Multi-ra	icial	Other
Work Status Employed			Emplo	Employed PT		grant Retired			Unemp months	•		Unem	ployed		Student
Not working.	Not	a stude	nt.	YES/NO	Reason:										
Health Insurar	ıce	NONE			Direct I	ect Purchase		Mili	Military			Med	licare		
Medicaid Sta			hildren	СНІР	State-A	Adult		Emp	ployme	nt Ba	sed				
Marital Status	Marital Status			Ма	ırried	Divo	rced	Sep	arated		Widowed		Domestic	Partne	er

Veteran		Yes	No		Eligible Vetera	Eligible Veteran Spouse							
Vetera	Service start date		Servic	e End Date	Service Connected Yes No Disability			% Disabled					
n						Disability							

Child or Other Household Member												
First Name:	Middle Initial:	Last Name:										
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female									

Education	0-8 th grade		9-12 th grade		HS Graduate		GED	1	12+ secondary		2-4 college grad			
Disabled			Yes	Yes		No		Hispanic			Yes		No	
Race	Black/African American		White	hite Asian		Hawaiian/Pc Isi		sl. Native American		nerican	Bi-racial Multi-ra		icial	Other
Work Status	Employed FT		Employed PT		Migrant Re		etired	Unemployed 6 months or longer			Unemployed			Student
Not working. Not a student. YES/NO Reason:														
Health Insurance NONE			E		Direct Purchas		ie	Military			Medicare			
Medicaid State		State C	hildren CHIP		State-Adult			Employmer		Based				
Marital Status S			gle	Married		Divo	orced	Separated Widowe		Widowed	d Domestic Partne		er	

Veteran		Yes	No		Eligible Vetera	YES	NO			
Vetera	era Service start date			Servic	e End Date	Service Connected Yes No Disability			% Disabled	
n						Disability				

Child or Other Household Member											
First Name:	Middle Initial:	Last Name:									
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female								

Education	0-8	0-8 th grade		9-12 th grade		de HS Graduate		GE	ED	12+ secondary		2-4 college grad			
Disabled			Yes		No		Hispanic				Yes N				
Race	Black/African American		White	ite Asian		Hawaiian/Pc Isl		sl.	l. Native American		Bi-racial Multi-racia		acial	Other	
Work Status	Employed FT		FT Employed PT		Migrant Retired		tired		Unemployed 6 months or longer			Umemployed			Student
Not working.	Not a	stude	ent. YES	S/NO I	Reason:										
Health Insurance NONE				Direct Purchase		е	Military				Medicare				
Medicaid St			e Children CHIP		State-Adult			Employn		mployment Based					
Marital Status			gle	Married		Divo	rced	Se	parated	d Widowed		Domestic Partner		er	

Veteran		Yes	No		Eligible Vetera	YES	NO		
Vetera	ra Service start date Service End Date				Service Connected Disability	Yes	No	% Disabled	
n					Disability				