



INTAKE APPLICATION 2024

Head of Household Information

First Name:	Middle Initial:	Last Name:	
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female
Address:	City:	Zip Code:	Phone:

Are you an employee at HCCAA? Yes No

Email Address: _____

Head of Household Personal Information

Education	0-8 th grade	9-12 th grade	HS Graduate	GED	12+ secondary	2-4 college grad	
Disabled	Yes No		Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
Not working AND Not in school: YES/NO Reason:							
Health Insurance	NONE		Direct Purchase	Military		Medicare	
Medicaid	State Children CHIP		State-Adult	Employment Based			
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

Veteran	Yes	No	Eligible Veteran Spouse				YES	NO
Veteran	Service start date		Service End Date	Service Connected Disability	Yes	No	% Disabled	

Complete all Sections

Household and Residence Information

Family Type	Extended Family	Multigenerational	Other	Single Parent Female	
Single Parent Male	Single Person	2 adults no Children	2 Parent Household		
Housing	Own	Rent	Temporary Quarters	Homeless	If Owned Year House was Built
Residence Type	Apt Rented		Mobile Home Rented	Single Family Home Rented	
Mobile Home Owned	Single Family Home Owned	Temporary Quarters		Homeless	

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/> ***

Complete all Sections Attach Documentation

Spouse or Other Household Member

Household Income

Type of Income	Person Receiving Income	Amount Per Month
Employment		
Employment		
Social Security		
Social Security		
Social Security Disability		
Social Security Disability		
Food Stamps		
Child Support/TANF		
VA Disability		
Pension		
Unemployment Compensation		

Describe Emergency Situation

Spouse or Other Household Member

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

Spouse or Other Household Member Personal Information

Education	0-8 th grade	9-12 th grade	HS Graduate	GED	12+ secondary	2-4 college grad
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Veteran	Yes	No	Eligible Veteran Spouse			YES NO
Veteran	Service start date		Service End Date	Service Connected Disability	Yes No	% Disabled

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 Other Household Member

Child or Other Household Member			
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