



PARTNERSHIP

Helping People. Changing Lives.

**Tri-County Community Action Agency, Inc.
P.O. Drawer 1728
214 Nacogdoches Street
Center, Texas 75935**

(936)598-6315 (office) (936)598-7377 (fax)

THIS IS NOT AN ENTITLEMENT PROGRAM. Applications will not be processed unless **all information is provided by the client.** Please pay close attention to the list of required documents below. **Incomplete applications will not be processed and you will lose your place in the processing line.** An original signature is required, therefore, **no faxed applications will be accepted.**

DOCUMENTS REQUIRED BEFORE APPLICATION CAN BE ACCEPTED

*(All Information **MUST** be for the current program year in which services are being rendered)*

- Gross Income (before taxes) for 30 days **prior** to application date for all members of household 18 & over.
- Social Security, Social Security Disability Insurance, or Social Security Insurance award letter.
- All household members 18 & over receiving unemployment must provide a print out of payments received.
- Proof of Food Stamp (if applicable)
- Proof of TANF (if applicable)
- Proof of Child Support (if applicable)
- Electric and Gas Bills
- 12-month Billing History for your electric and gas – if it applies (we still need both billing histories regardless of receiving assistance for only one)
- A disconnect notice if you received one.
- All utility, natural gas, or propane bills must be in the applicant's name or a household member living in the home who is 18 years of age or older. If the bill is in the name of a person who is deceased, you must provide proof of death, and your relationship to the deceased.
- 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 a Declaration of Income Statement form explaining why proof of income is unavailable. The Declaration of Income Statement must be notarized **PRIOR to submitting** the application or by the case manager.

(If mailing your application, please provide copies of the required documents. DO NOT send originals. If submitting your application in person, copies of required documents may be made on site)

- All applications must be filled out completely (no blank spaces) and signed by all parties where indicated.
- No application can be faxed in due to the State requirement for original signatures.

PLEASE REMEMBER: TCCA Inc. is **NOT** responsible for your utility bill- **you are.** All financial assistance is made based upon % of poverty and documented need. All assistance is subject to the availability and receipt of federal funds. Your application will be worked according to the required priority and points that it receives. If you wait too long to apply and you're scheduled for disconnection, we may not get to you before you're disconnected. Any reconnect and late fees will be your responsibility.

Serving: Harrison, Jasper, Newton, Panola, Sabine, San Augustine, Shelby, Tyler, Upshur Counties

TRI-COUNTY COMMUNITY ACTION AGENCY, INC.

INTAKE APPLICATION

Dear Applicant:

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

CONTACT INFORMATION	
Name:	
Street Address: <i>(as shown on driver's license or gov't ID)</i>	Apt#:
City/State/Zip:	County:
Current 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	Social Security Number	Disabled Y or N	Veteran Y or N	Health Insurance Y or N	Highest Grade of completion (circle one)
1.	SELF	/						0-8 9-12 HS Grad GED 1-2+Coll 2 yr Coll 4 yr Coll
2.		/						0-8 9-12 HS Grad GED 1-2+Coll 2 yr Coll 4 yr Coll
3.		/						0-8 9-12 HS Grad GED 1-2+Coll 2 yr Coll 4 yr Coll
4.		/						0-8 9-12 HS Grad GED 1-2+Coll 2 yr Coll 4 yr Coll
5.		/						0-8 9-12 HS Grad GED 1-2+Coll 2 yr Coll 4 yr Coll
6.		/						0-8 9-12 HS Grad GED 1-2+Coll 2 yr Coll 4 yr Coll
7.		/						0-8 9-12 HS Grad GED 1-2+Coll 2 yr Coll 4 yr Coll
8.		/						0-8 9-12 HS Grad GED 1-2+Coll 2 yr Coll 4 yr Coll

TRI-COUNTY COMMUNITY ACTION AGENCY, INC.

INTAKE APPLICATION

PRESENTING NEED — What do you need help with and why? *(Check all that apply)*

Electric Bill
 Gas Bill
 Water Bill
 Medication
 Rent
 Food
 Clothes
 Weatherization
 Child Care
 GED
 College Classes
 Uniforms/Tools
 Other:

Please provide your personal or family financial situation by documenting why you need assistance from TCCA, Inc. today.

If there has been no household income within the last 30 days, please explain how you've sustained. What sources are you using to pay for rent or mortgage, utilities and/or other necessities? *(Support Letter must be provided)*

What is the latest date this household received income and what source provided the income?

HOUSING INFORMATION

Type of Residency:
 Private Home
 Mobile Home
 Apartment
 Duplex
 Subsidized or Public Housing
 Other:

Housing Status:
 Own
 Purchasing
 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/State/Zip: _____

Landlord's or Apartment's Phone#: _____

UTILITY INFORMATION

ELECTRIC VENDOR NAME:	ACCT #:	Used For: <i>(please check one)</i> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
NATURAL GAS VENDOR NAME:	ACCT #:	Used For: <i>(please check one)</i> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
PROPANE VENDOR NAME:	ACCT #:	Used For: <i>(please check one)</i> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling <input type="checkbox"/> Both
WHAT APPLIANCE IS USED TO COOL THE HOME?	<i>(Please circle all that apply)</i> <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?	<i>(Please circle all that apply)</i> <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	
HAS THIS HOUSE EVER RECEIVED WEATHERIZATION FROM TCCA, INC.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, WHAT YEAR?

HOUSEHOLD INCOME *(Please circle all that applies to each household member)*

Employed
 Unemployment
 TANF
 Food Stamps
 Child Support
 Regular SS
 SSI
 RSDI
 SSDI
 VA
 Pension
 Other:

Is anyone in the household receiving Medicaid? Yes No
 If yes, please list: Self Spouse Children Grandchildren Other

Is anyone in the household receiving Medicare? Yes No
 If yes, please list: Self Spouse Other

If you do not receive Medicaid or Medicare, do you have health insurance? Yes No
 Are you currently receiving assistance through a Home Health Agency? Yes No
 If no, would you like to be contacted by a Home Health Agency? Yes No

TRI-COUNTY COMMUNITY ACTION AGENCY, INC.

INTAKE APPLICATION

EMPLOYMENT/OCCUPATION INFORMATION

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	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	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

CONFLICT OF INTEREST INFORMATION

1.	Is anyone in the household currently serving or served within the last 12-months as 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: _____ If YES, is this a current role? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, identify the date the role ceased: / /
2.	Is anyone in the household related to anyone currently serving or served within the last 12-months as 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: _____ If YES, is this a current role? <input type="checkbox"/> YES <input type="checkbox"/> NO. If NO, identify the date the role ceased: / /

SELF CERTIFICATION OF DISABILITY *(Please complete this form 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"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Cousin <input type="checkbox"/> In-Law <input type="checkbox"/> Non-Relative

Persons with Disabilities – Any individual who is:

- ❖ 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.

APPLICANT'S AUTHORIZATION TO DECLARE DISABLED STATUS:

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/Her Guardian Date

TRI-COUNTY COMMUNITY ACTION AGENCY, INC.
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Disability Definition Explanation:

- **a handicapped individual as defined in §7(9) of the Rehabilitation Act of 1973;**
 - 7(9) Disability
 - The term "disability" means—
 - except as otherwise provided in subparagraph (B), a physical or mental impairment that constitutes or results in a substantial impediment to employment; or
 - (B) for purposes of sections 2, 14, and 15, and titles II, IV, V, and VII, a physical or mental impairment that substantially limits one or more major life activities.
- **(B) 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 Developmental Disabilities Services and Facilities Construction Act; or**
 - Section 1614(a)(3)(A) of the Social Security Act (the Act) (42 U.S.C. 1382c(a)(3)(A)) authorizes the payment of supplemental security income (SSI) benefits to children who suffer from impairments of "comparable severity" to impairments that would render adults (workers) disabled. The Secretary's former regulations at 20 CFR 416.924 generally provide that a child under age 18 would have been found disabled to purposes of eligibility for SSI benefits only if he or she was found to have an impairment(s) which met the duration requirement and which met or equaled an impairment listed in Appendix 1, Subpart P of Regulations No. 4, the Listing of Impairments. The Supreme Court decided that the Secretary's former regulations implementing the law for evaluating disability in children did not adequately reflect congressional intent. The Court held that the "listings only" approach used to evaluate the disabilities of children did not carry out the "comparable severity" standard of the Act, in that the listings were set at a level of severity stricter than the level at which an adult can be found disabled and the Secretary's former policies did not provide for an assessment of overall functional impairment.
 - (d)(1) The term "disability" means—
 - inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
 - in the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness" as defined in section 216(i)(1)), inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.
- **(C) receiving benefits under 38 U.S.C. Chapter 11 or 15.**
 - For the purposes of this chapter, a person shall be considered to be permanently and totally disabled if such person is any of the following:
 - A patient in a nursing home for long-term care because of disability.
 - Disabled, as determined by the Commissioner of Social Security for purposes of any benefits administered by the Commissioner.
 - Unemployable as a result of disability reasonably certain to continue throughout the life of the person.

TRI-COUNTY COMMUNITY ACTION AGENCY, INC.

INTAKE APPLICATION

BUDGET COUNSELING FORM

(List the Amount of the ENTIRE Household Income)

INCOME #1	\$ _____	RSDI	\$ _____	UNEMPLOYMENT	\$ _____
INCOME #2	\$ _____	VETERAN'S BENEFITS (VA)	\$ _____	WORKER'S COMP	\$ _____
REGULAR SOC SEC	\$ _____	TANF	\$ _____	FOOD STAMPS	\$ _____
SSI/SSDI	\$ _____	CHILD SUPPORT	\$ _____	OTHER	\$ _____
TOTAL					\$ _____

LIST THE AMOUNT OF EXPENSES FOR THE LAST 30 DAYS

HOUSING	UTILITY	FINANCIAL LOANS
Rent/Mortgage _____	Electric _____	Bank Notes _____
Insurance _____	Gas _____	Savings _____
Property Taxes (Monthly) _____	Water/Sewer _____	Child Support _____
Land Note _____	Home Phone _____	Credit Cards _____
Furniture Note _____	Cell Phone _____	Personal Loans _____
Home Repairs _____	Other _____	Donations Given _____
ENTERTAINMENT	SCHOOL/WORK	HEALTH
Satellite/Cable _____	Daycare _____	Medical _____
Computer _____	Lunches _____	Dental _____
Internet _____	Supplies _____	Vision/Glasses _____
Movies/Netflix/Red Box _____	Clothes/Shoes _____	Prescriptions _____
Gambling/Lotto _____	Dues _____	Insurance _____
Other _____	Sport/Band Events _____	Life Insurance _____
	Other _____	Burial Insurance _____
FOOD	AUTOMOBILE	PERSONAL ITEMS
Groceries _____	Car Payment _____	Laundry Mat _____
Restaurant _____	Fuel Cost _____	Dry Cleaner _____
Sporting Events _____	Insurance _____	House Items/Cleaners _____
Pet Food _____	Repairs _____	Hair/Nails _____
Pet Groom/Shot _____	Tags/Inspection _____	Diapers/Wipes _____
Other _____	Pay Others for gas _____	Allowances _____
	Bus Fee _____	Gifts _____

*****FOR CASE MANAGER ONLY*****

TOTAL INCOME HOUSEHOLD HAS RECEIVED WITHIN THE LAST 30 DAYS	\$ _____
TOTAL EXPENSES IN THE LAST 30 DAYS	\$ _____
CASH LEFT ON HAND / SHORTAGE	\$ _____

COMMENTS: _____

By signing below, I acknowledge that I have received budget counseling.

Applicant Signature

Date

**TRI-COUNTY COMMUNITY ACTION AGENCY, INC.
INTAKE APPLICATION**

PART 8 – AUTHORIZATION/CERTIFICATION

1. The information provided is true and correct.
2. I understand that my **gross household income** cannot be more than 125% of the federal poverty level and is annualized at the time of application according to pre-established agency rules and procedures in order to receive assistance.
3. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in service delivery.
4. I authorize the Texas Department of Housing and Community Affairs and Tri-County Community Action Agency, Inc. to solicit/verify information including employment verification needed to provide assistance with my utilities and/or fuel bills, both past and future.
5. I am an applicant of Tri-County Community Action Agency, Inc. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
6. I understand **that if I change utility companies I must notify the case worker (in writing) within 5 business days** of my new utility company and account number with the name on the account. **If I do not notify Tri-County Community Action Agency, Inc. of my new utility company I will lose any payments due. When the information is provided any remaining assistance may be reinstated.**
7. **If you or another member of the household has no income** the Declaration of Income Statement sheet must be completed for all household members over 18 years of age having no income. The Declaration of Income Statement must be notarized **PRIOR to submitting** the application. If this document is not notarized, the application will be returned to you and it will delay getting assistance. Your place in line will not be held and you will have to start the process again.
8. I certify that the information provided on this application is true and correct. I understand that receipt of assistance through misrepresentation, falsification, or fraud is punishable by fine or imprisonment, and **THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION.**

Applicant Signature

Date

Staff Signature

Date

CLIENT CASE #: _____
(For Office Staff Input Only)

DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

I, _____ do hereby declare on _____ (date) that:
(Yo)/(Applicant's Name/ Nombre del Solicitante) (Declaro que) en esta fecha

- I have no documented proof of income due to the following situation: _____
No tengo prueba para documentar mis ingresos por medio de tal razones
- I am applying for assistance from **Tri-County Community Action Agency, Inc.** _____
(Yo deseo aplicar para asistencia con (agencia) (Agency name))

My household consists of _____ number of persons and the following household members, 18 years and older, have earned the following gross income during the 30-day period prior to the date of application for assistance:
(En mi hogar radican (cuantas?) Personas, y los siguientes miembros que tienen 18 años de edad o mas que han ganado dinero durante los pasados 30 días antes de aplicar para asistencia. Indique el nombre y los ingresos ganados de cada miembro.)

Name/Nombre: _____	Gross Amount/Ingresos: _____
Name/Nombre: _____	Gross Amount/Ingresos: _____
Name/Nombre: _____	Gross Amount/Ingresos: _____
Name/Nombre: _____	Gross Amount/Ingresos: _____

- My household's gross income**, for all household members 18 years and older, for the **30 day period** prior to the date of application for assistance is \$ _____.
(El total de los ingresos de mi hogar, para los miembros que tienen 18 años de edad o mas por los pasado 30 días pasados, antes de aplicar por asistencia es (cuanto?)
- And **my household's gross annualized income** based on the **30-day period** prior to the date of the application for assistance is \$ _____.
(Y el ingreso anual de mi hogar ha sido calculado para el ano, según los pasados 30 días, antes de aplicar para asistencia, llegan a (cuantos dólares?)

I certify that the above information for the income of all household members 18 years and older is true and correct to the best of my knowledge and belief. 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.
(Yo certifico que la información proveído de los ingresos de los miembros de mi hogar que tienen 18 años o más es verdadera y correcta según mi saber y creencia. Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa o fraudulenta.)

State of Texas County of _____

Before me, _____, on this day personally appeared _____, known to me through **(photo id / social security card)** to be the person whose name is subscribed to this instrument and acknowledged to me that **he/she** executed the same for the purposes and consideration therein expressed to receive assistance from Tri-County Community Action, Inc. and that all information to be true and correct.

Given under my hand and seal of office this _____ day of _____, 2015.



(Notary Stamp)

(Notary Public's Signature)

(Applicant Signature/ Firma del Solicitante) (Date/ Fecha)

(Street Address/ Direccion) (City/ Ciudad) (County/ Condado) (Zip/ Código Postal)

(Subrecipient's Representative Signature & Title) (Date/ Fecha)

(Reviewed By Signature) (Date/ Fecha)

NEEDS ASSESSMENT

Client Case #: _____

SERVICE	NEED	CLIENT EXPLAIN	Referral Office Used	SERVICE	NEED	CLIENT EXPLAIN	Referral Office Used
Basic Needs: Food, Clothing, Food Stamps, WIC, Medical, Emergency, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			Education Needs: GED, ESL, Vocational or Technical training, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Income: SSD, TANF, SS, SSI, VA, Child Support, Budget, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			Employment Needs: Seeking Employment, Job Search Assistance, Resume Assistance, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transportation: To work, Dr. Appt., Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			Veteran Needs: Training, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Utility Assistance: Electric, Gas/Propane, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			Legal Needs: Child Support, Criminal, Civil, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Heating/Cooling: No appliances in the house, not working properly, other	<input type="checkbox"/> Yes <input type="checkbox"/> No			Health Needs: Immunizations, Medication, Mental Health Services, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing Needs: Temporary Shelter, Low Income Housing, Rental Assistance, Weatherization, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			Counseling Needs: Family, Alcohol/Substance Abuse, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Needs: Child Care, Elderly Care, Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			Other Needs Not Identified on this Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No		

FAMILY ASSESSMENT SCALE

Please check the statement that best describes your household and write goals/objectives if applicable

Client Case #: _____

INCOME	EMPLOYMENT	HOUSING	EDUCATION/TRAINING	TRANSPORTATION	CHILDCARE	SOCIAL/EMOTIONAL
<input type="checkbox"/> Income is greater than basic needs <input type="checkbox"/> Have Benefits <input type="checkbox"/> Good Credit	<input type="checkbox"/> Secured F/T living wage employment <input type="checkbox"/> Have benefits	<input type="checkbox"/> Home ownership — Paid off	<input type="checkbox"/> Master's Degree Obtained <input type="checkbox"/> Bachelor's Degree Obtained	<input type="checkbox"/> Owns reliable vehicle & able to pay for needed expenses. All transportation needs are met	<input type="checkbox"/> Child attends licensed child care facility & Parents maintain expense	<input type="checkbox"/> Strong support system, solid relationships, positive outlook, ethical behavior, set and achieves goals
<input type="checkbox"/> Income is greater than basic needs <input type="checkbox"/> No Benefits <input type="checkbox"/> Good Credit	<input type="checkbox"/> Secured F/T living wage employment <input type="checkbox"/> No benefits	<input type="checkbox"/> Home ownership buying and able to pay mortgage <input type="checkbox"/> Safe and affordable (Non-Subsidized) Rental	<input type="checkbox"/> Secondary Ed: Associate's Degree Obtained <input type="checkbox"/> Vocational Certification Obtained	<input type="checkbox"/> Own/buying reliable vehicle and most transportation needs are met without assistance	<input type="checkbox"/> Child attends licensed subsidized child care facility or child care preference	<input type="checkbox"/> High self-esteem, emotionally secure, appropriate behaviors, working toward achieving goals
<input type="checkbox"/> Income meets basic needs <input type="checkbox"/> Fair Credit	<input type="checkbox"/> F/T work at min. wage with benefits <input type="checkbox"/> F/T work at min. wage without benefits	<input type="checkbox"/> Safe & Affordable — Subsidized Rental	<input type="checkbox"/> HS Diploma or GED - Enrolled in Secondary Ed. <input type="checkbox"/> HS Diploma or GED - Not enrolled in Secondary Ed.	<input type="checkbox"/> Some transportation needs are met with car, public transportation, rides, and/or bike	<input type="checkbox"/> Child care provided by family member or friend <input type="checkbox"/> Child care provided by various caregivers	<input type="checkbox"/> Some support from family/friends, goals in place to change behaviors, set realistic goals
<input type="checkbox"/> Income does not meet all basic needs <input type="checkbox"/> Poor Credit	<input type="checkbox"/> P/T employment with benefits <input type="checkbox"/> P/T employment without benefits	<input type="checkbox"/> Unaffordable Home/Rental <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Temporary Shelter	<input type="checkbox"/> No HS Diploma or GED — Enrolled in classes <input type="checkbox"/> No HS Diploma or GED — Not enrolled in classes	<input type="checkbox"/> Owns/buying vehicle but not able to afford expenses <input type="checkbox"/> Occasionally ride public transportation and/or family or friend	<input type="checkbox"/> Child on wait list for licensed facility <input type="checkbox"/> Child enrolled in unregulated or unlicensed childcare facility	<input type="checkbox"/> Limited support system, unable to form relationships. No responsibility or accountability for actions
<input type="checkbox"/> No Income <input type="checkbox"/> Bad Credit	<input type="checkbox"/> Unemployed with work history and skills <input type="checkbox"/> Unemployed without work history and/or skills	<input type="checkbox"/> Living with Relatives <input type="checkbox"/> Unsafe Housing <input type="checkbox"/> Hidden Homeless <input type="checkbox"/> Homeless	<input type="checkbox"/> Lacks basic skills (reading, writing, and/or math) <input type="checkbox"/> English language barrier	<input type="checkbox"/> No public transportation, car, or regular ride	<input type="checkbox"/> No childcare provider <input type="checkbox"/> Child not enrolled in childcare facility	<input type="checkbox"/> No family/friend support system, no communication, frequent conflict, low self-esteem
Goals/Objectives:	Goals/Objectives:	Goals/Objectives:	Goals/Objectives:	Goals/Objectives:	Goals/Objectives:	Goals/Objectives:

Are you interested in receiving Case Management services to increase income/education level? Yes No

Client Signature

Date