



# Application for Assistance

Travis County Health & Human Services & Veterans Service

OFFICE USE ONLY _____
CABA# _____
Search results: _____
_____
_____

## Part I – Applicant Information (please print)

**Applicant's Name:** \_\_\_\_\_  
Last First Middle Other Names Used

**Are you a citizen or naturalized Alien?**  YES  NO **If no, are you a qualified Alien?**  YES  NO

**Physical Address:** \_\_\_\_\_  
Street Address & Unit Number City State Zip Code

**Mailing Address:** \_\_\_\_\_  
(if different) Street/Box Number City State Zip Code

**Phone Numbers:** (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
Landline Phone Cell Phone Message Number Email Address

## Part II – Assistance Requested (Check each assistance type requested – in most cases more than one is selected.)

<input type="checkbox"/> Rent/Mortgage	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Trash	<input type="checkbox"/> Heating	<input type="checkbox"/> Disaster Relief	<input type="checkbox"/> Prescription	<input type="checkbox"/> Weatherization	<input type="checkbox"/> Social Worker Services
<input type="checkbox"/> Electric	<input type="checkbox"/> Propane/Butane	<input type="checkbox"/> Water	<input type="checkbox"/> Clothes	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Burial	<input type="checkbox"/> Home Repair	<input type="checkbox"/> Information & Referral

## Part III – Household Demographics

List ALL PERSONS living with you and answer each question for each person. (If additional space is needed, use a separate sheet of paper and attach to this document.)

Name <small>(Include all persons living in the household)</small>	Relation to You	Social Security Number	Date of Birth	Age	Sex M/F	Hispanic Yes/No	Race (choose 1) Native American, Asian, Black, Hawaiian, Hispanic, White, or Multi	Last Grade Completed in School	Health Insurance Yes/No	Veteran Yes/No	Food Stamps Yes/No	Disabled Yes/No
1.	Self											
2.												
3.												
4.												
5.												
6.												
7.												
8.												

**Part IV-Income**

Name	Income Type	How Often Paid?	Date of Last Paycheck	Total Monthly Gross Income
1.				
2.				
3.				
4.				
5.				

**Part V – Resources**

Provide the dollar amount for all resources.

Cash on Hand	\$
Checking Account	\$
Saving Account	\$
Keogh Plans/IRA	\$
CD/Stocks/Bonds	\$
Income Property	\$
Real Estate	\$
Other	\$

**Part VI-Expenses**

Provide the dollar amount of your household’s monthly expenses.

Electric:	\$	Rent/Mortgage:	\$	Gas/Propane/Wood:	\$
Insurance:	\$	Child Care:	\$	Phone/Cell/Internet:	\$
Medical:	\$	Credit Card:	\$	Satellite/Cable:	\$
Food:	\$	Credit Card:	\$	Medical Expenses:	\$
Loans:	\$	Furniture:	\$	Rent to Own:	\$
Water:	\$	Other:	\$		

**Part VII – Housing Information**

1) What type of home do you live in?  House  Manufactured Home  Apartment/Townhome/Duplex  Mobile Home






2) What is your living situation?  Own Apt/Condo  Own Mobile Home  Own Single Family Home  
 Public Housing Authority  Rent Multi Family Unit  Rent Mobile Home  Rent Single Family Home  Rent Room  
 Rent Subsidized Home  Sleeping Outside or in Car  Someone Else’s Home  Staying in Shelter  Nursing Home

3) What is the square footage of your home? \_\_\_\_\_ or  UNKNOWN

4) Has your home been weatherized? (Weather stripping around the doors and windows, additional installation in the attic etc.)  
 YES: If so, when? Month: \_\_\_\_\_ Year: \_\_\_\_\_  NO  UNKNOWN

5) What is your home’s heating source?  
 Electric  Natural gas  Butane/Propane  Heating oil  Wood

6) What is your home’s cooling source?  
 Central air  Window unit  Other: \_\_\_\_\_  None

The information provided is true and correct to the best of my knowledge and belief. I am aware that I am subject to prosecution for providing false or fraudulent information. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Family Support Services Division Agreement

- All of our services are voluntary; it is your choice to participate or not.
- Financial assistance is not guaranteed. No one is entitled to financial assistance.
- We will tell you about any financial assistance we can provide in writing. If we cannot assist you, we will explain why and offer referrals to other helping agencies.
- We are committed to providing professional services to each individual according to the service needed and requested. Staff may not participate in social gatherings, accept gifts or discuss your services or situation outside our professional relationship.
- We serve clients without discrimination based on age, creed, color, disability, gender, marital status, national origin, race, religion, sex, or sexual orientation.
- We want to treat every client with respect and dignity; if at any time you feel you have not please tell us. If you have a concern or complaint, talk first with your Worker. You may also contact the Center Administrator, Division Director, or County Executive at (512) 854-4100.

## Comprehensive Energy Assistance Program (CEAP) Information

We accept service requests for CEAP at all Travis County Health and Human Services & Veterans Service Department Community Centers. No one is discouraged from applying for CEAP. To qualify for CEAP an applicant must be a Travis County resident; meet income and other eligibility criteria; and be a U.S. Citizen or meet immigration status guidelines. Assistance is provided based on eligibility, procedures, and availability of funds.

### **Your Responsibility as an Applicant for the Comprehensive Energy Assistance Program:**

- Please **continue making payments** to your utility vendor. You are responsible for your bill.
- You are subject to state and federal laws regarding fraud, and are promising that the information you provide is true and accurate. Anyone making intentional or negligent statements is guilty of a felony that could result in fine, imprisonment, or both. Reference: Title 18, Section 1001 of the U.S. Code
- You have 20 days to appeal any decision after receiving written notice of that decision.

## Social Worker Services

Social Workers are available if you feel like you have more problems to discuss, or need more time to speak with someone. They help people with getting benefits, jobs, family issues, and many other areas.

Please check here if you would like to speak to a Social Worker (*Social Worker services are not required to receive financial assistance*).

**I understand and have been explained my rights and responsibilities as a client of Travis County HHS&VS Family Support Services. My signature certifies that I agree to these rights and responsibilities.**

\_\_\_\_\_  
Signature of Client or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date

## Agreement and Release Concerning the Use of Client Information

You have requested financial or other assistance from Travis County ("County"). Your eligibility to obtain such assistance from the Program ("Assistance") is conditioned upon your acceptance of the terms and conditions contained or referenced in this agreement (the "**Agreement**"). Please read this Agreement carefully.

All information about you is kept strictly confidential and within the agency, except as discussed on this page. We will not release information about you unless:

- We believe your life or someone else's life is in danger
- We believe a child, elderly person, or a person who is disabled is being abused or neglected or is in danger of being abused or neglected, including financial abuse
- Your information or records are court ordered to be released
- You give us written consent for your records or information to be released

We need to share information about you to determine your eligibility, and to provide or obtain assistance. Your signature on this page gives us permission to receive and share information with: Texas Department of State Health Services (DSHS); Texas Department of Housing & Community Affairs (TDHCA); CEAP Sub-recipients; Social Security Administration (SSA); U.S. Citizenship and Immigration Services—Systematic Alien Verification for Entitlements Program; your Vendors; and/or Travis County researchers and their sub-contractors. Please provide your account information for each of the following vendors:

	Electric Co.	Gas/Propane Co.	Water Co.	Landlord/Mortgage Co.
Name of Company:				
Your Account #				Landlord Phone#:

**SHARING OF CLIENT INFORMATION:** By accepting the terms of this Agreement, you are authorizing County to share your client information as deemed necessary by County. The client information that County may share may include your current and former name(s), street address, and any other information County may have in its possession. This may include information that you consider confidential or private. All Client information referred to in the preceding sentence is defined as the "**Client Information.**" Any sharing or release of such Client Information will be made in accordance with applicable law, rules and regulations.

**RELEASE AND INDEMNITY:** You agree to release, indemnify, defend and hold county, its agents, employees, officers, directors and affiliates, harmless from all liabilities, claims and expenses, including attorney's fees, from claims relating to or arising under the program or this agreement, including without limitation, the disclosure of your client information. This release and indemnification will survive the termination of this agreement.

**RESERVATION OF RIGHTS:** County reserves the right to modify in part or in whole, or temporarily or permanently discontinue the Program for any reason and at anytime without notice.

**ACCEPTED AND AGREED:** This consent, unless revoked sooner expires one year from the date of your signature. Your signature certifies that you understand this consent and agree to the terms.

\_\_\_\_\_  
Signature of Client or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date