

## COMMUNITY ACTION COMMITTEE OF VICTORIA, TEXAS

A copy of all documentation is required to be submitted for processing.

You must provide the required information listed below for each household member for possible assistance. Proof of "gross" income (before any deductions) for all household members. Income proof must show the 30 days before the date of your signature on the application to include the following:

- \* All check stubs, bring all pages of award letters for SS/SSI, SNAP, TANF, Child Support, VA Benefits, retirement/pension, royalties, unemployment and or any other letters of support from individuals. (If you have any questions regarding documents needing to be submitted, please call our office.)

- \* IDENTIFICATION AND CITIZENSHIP: A valid picture ID for everyone 18 years and older and a social security card for everyone in the household. A birth certificate or passport for all household members.

- \* UTILITY BILL: Provide current monthly utility bill(s) for electricity, gas, or propane and a disconnect notice, if applicable. UTILITY HISTORY: you MUST provide a 1 (one) year history if your electric company is VEC, JEC, NEC, GVEC, Cities of Cuero, Gonzales, Hallettsville, Shiner, Moulton, and Waelder.

FAILURE TO PROVIDE ALL THE REQUIRED DOCUMENTATION WILL RESULT IN DELAY OF APPLICATION PROCESS FOR SERVICES.

- \* FOR INFORMATION CALL 361/575-0478 OR IF LONG DISTANCE CALL 1/800-695-0314. APPLICATION AND DOCUMENTS CAN BE FAXED TO 361/578-0062 OR EMAILED TO cacvt@cacv.us.

If you choose to leave a message for your Case Manager be brief and clearly state your name and phone number. All calls will be returned as soon as possible.

**COMMUNITY ACTION COMMITTEE OF VICTORIA, TEXAS  
UNIFIED INTAKE APPLICATION FOR SERVICES**

PART ONE: APPLICANT IDENTIFICATION						Client ID:
Applicant's Name				County	Phone Number	
Residence Address				Mailing Address	City	State
				Zip Code	Work Phone Number	
Household Type						
<input type="checkbox"/> Single Person		<input type="checkbox"/> Single Parent/Female		<input type="checkbox"/> Two Parent Household		<input type="checkbox"/> Multigenerational
<input type="checkbox"/> Two adults NO children		<input type="checkbox"/> Single Parent/Male		<input type="checkbox"/> Non-related adults w/children		<input type="checkbox"/> Other

**DEMOGRAPHICS**  
↓ Indicate your household information for every member of the home by entering the number in the appropriate boxes below. ↓

Race							
1. American Indian or Alaskan Native		3. Black/African American		5. White		7. Multi-Race	
2. Asian		4. Native Hawaiian/Other Pacific Islander		6. Other			
Ethnicity				Gender			
1. Hispanic or Latino 2. Non-Hispanic or Latino				1. Male 2. Female			
Education Level							
1. 0-8		3. High School Grad/GED		5. College/University Grad			
2. 9-12 / Non-graduate		4. 12+ Post-secondary		6. Post-secondary Grad			
Health Insurance Type							
1. Direct - Purchase		3. Medicaid		5. Military Healthcare		7. State Health Insurance for Adults	
2. Employment Based		4. Medicare		6. State Children's Health Insurance Program-CHIP		8. No Insurance	
Work Status							
1. Employed Full Time		3. Short-term Unemployed (6 Months or less)		5. Migrant Seasonal Farm Worker		7. Retired	
2. Part Time		4. Long-term Unemployed (more than 6 months)		6. Unemployed (not in labor force)		8. Age 16 & younger	

PART TWO: ALL HOUSEHOLD MEMBERS ★ USE KEY ABOVE ★											
Name	Social Security #	Birth Date MM/DD/YYYY	Age	Race	Ethnicity	Gender	Education Level	Insurance Type	Work Status	Disabled Yes/No	
Example: John Smith	123-45-6789	10/28/1985	33	2	1	2	3	2	1	No	

**MILITARY STATUS:** Are you or anyone in your household currently serving or have served? If yes, please name

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Veteran:	Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
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\*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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**PART THREE: INCOME / BENEFITS**

Does anyone in the household receive any of the following:

Check all that apply!

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alimony or Spousal Support   | <input type="checkbox"/> Retirement Income from Social Security   | <input type="checkbox"/> VA Non-Service Connected Disability Pension  |
| <input type="checkbox"/> Child Support                | <input type="checkbox"/> Social Security Disability Income (SSDI) | <input type="checkbox"/> VA Service-Connected Disability Compensation |
| <input type="checkbox"/> EITC                         | <input type="checkbox"/> Supplemental Security Income (SSI)       | <input type="checkbox"/> Workers Compensation                         |
| <input type="checkbox"/> Pension                      | <input type="checkbox"/> TANF                                     | <input type="checkbox"/> No Income                                    |
| <input type="checkbox"/> Private Disability Insurance | <input type="checkbox"/> Unemployment Insurance                   |   |
| <input type="checkbox"/> Other:                       |   |   |

**PART FOUR: NON-CASH BENEFITS**

Does anyone in the household receive any of the following:

Check all that apply!

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Affordable Care Act Subsidy | <input type="checkbox"/> HUD VASH                     | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Childcare Voucher           | <input type="checkbox"/> LIHEAP                       | <input type="checkbox"/> SNAP           |
| <input type="checkbox"/> Housing Choice Voucher      | <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> WIC            |
| <input type="checkbox"/> Other:                      |   |   |

**PART FIVE: HOUSING INFORMATION**

Select housing status:	<input type="checkbox"/> Homeless	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	Age of Home:	
Housing Type:	<input type="checkbox"/> Private Home	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Rented Room	Rental/Mortgage Amount: \$
If renting - Contact information of your landlord					
Landlord's Name, Address, City, State and Zip code		County	Phone Number		

**PART SIX: UTILITY SERVICE INFORMATION**

★ VERY IMPORTANT - BE SURE TO INCLUDE COPIES OF YOUR CURRENT UTILITY BILL ★

Who does your family pay for heating or cooling:	<input type="checkbox"/> Utility Company	<input type="checkbox"/> Landlord/Manager	<input type="checkbox"/> Included in rent	
Electric Utility Vendor Name:				
Electric Utility Vendor Account #:	<input type="checkbox"/> Heat	<input type="checkbox"/> Cool		
Gas/Propane Utility Vendor Name:				
Gas/Propane Utility Vendor Account #:	<input type="checkbox"/> Heat	<input type="checkbox"/> Cool		
City of Victoria Water Company:				
City of Victoria Water Account #:	<input type="checkbox"/> Heat	<input type="checkbox"/> Cool		
Type of Air Conditioning Used:	<input type="checkbox"/> Central Unit	<input type="checkbox"/> Evaporator Cooler	<input type="checkbox"/> Window Unit	<input type="checkbox"/> None
Type of Heater Used:	<input type="checkbox"/> Central Unit	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Stove	
	<input type="checkbox"/> Wall Furnace	<input type="checkbox"/> Wood Burning Stove	<input type="checkbox"/> Other	
	<input type="checkbox"/> Electric Space Heater	<input type="checkbox"/> Gas Heater	<input type="checkbox"/> None	

**PART SEVEN: CERTIFICATION**

- The information is true and correct to the best of my knowledge and belief.
- My household income has been annualized, at the time of application, according to pre-established agency procedure.
- I understand I may request a hearing to appeal denial of eligibility, amount of assistance received or a delay of assistance.
- I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit/verify information on my utility and/or fuel bills, both past and future, to the extent that the information is used only to provide data.
- I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.

Certification - (Applicants must sign this section)

Applicant Signature: X Date: X

**COMMUNITY ACTION COMMITTEE OF VICTORIA, TEXAS  
CLIENT HOME SURVEY**

**HOME INFORMATION SURVEY: PLEASE ANSWER ALL QUESTIONS BELOW**

Name:	Address:	Phone Number:
Do you rent OR own? <input type="checkbox"/> Rent <input type="checkbox"/> Own		
<input type="checkbox"/> Mobile Home (Trailer)	<input type="checkbox"/> Brick House	<input type="checkbox"/> Apartment
<input type="checkbox"/> Frame (Wood) House	<input type="checkbox"/> Other _____	
Is your roof leaking?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If your roof does leak, in how many rooms? _____		
Are there any holes in your floors?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your home have a good foundation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
How many windows does your home have? _____		
Are your windows:		
<input type="checkbox"/> Wood <input type="checkbox"/> Frame <input type="checkbox"/> Aluminum		
Do you think your windows need to be replaced?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
How many doors (to the outside) does your home have? _____		
Do you think the doors need to be replaced?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do your walls have?		
<input type="checkbox"/> Sheetrock    or <input type="checkbox"/> Paneling		
Are there large holes in your walls?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there large holes or cracks in your ceiling?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
What do you use for heat in the winter?		
<input type="checkbox"/> Space heater/ How many? _____	<input type="checkbox"/> Wall furnace	<input type="checkbox"/> Wood stove
<input type="checkbox"/> Electric heater/ How many? _____	<input type="checkbox"/> Kitchen stove	<input type="checkbox"/> Other _____
<b>IN YOUR OPINION, WHAT DO YOU THINK YOUR HOME NEEDS THE MOST?</b>		
_____		
_____		
_____		
_____		
On the back of this page, please draw a map which shows us where your house is located and a description of your house. This will help us find you. Please be as specific as possible, providing street names, country road numbers, landmarks, etc., whenever possible. We must have a phone number where you can be reached or where we can leave a message.		

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date

\_\_\_\_\_ Case #

\_\_\_\_\_ Case Manager Signature

**Community Action Committee of Victoria, Texas**  
**Customer Needs Assessment**

Completion of the following information is necessary to determine your household needs. This will allow CACVT Staff to make appropriate referrals to other agencies providing the needs you check below. All information is confidential.

Name: \_\_\_\_\_  
Phone# \_\_\_\_\_  
Date: \_\_\_\_\_

HAS YOUR HOME EVER BEEN WEATHERIZED? If yes, When? Month \_\_\_\_\_ Year \_\_\_\_\_  
If NO, CACV Staff will do referral to Weatherization Program

DO YOU OR ANY HOUSEHOLD MEMBERS NEED HELP OR INFORMATION REGARDING ITEMS LISTED BELOW? Circle all that apply. If needed explain.

FOOD: Emergency food, Food Stamps, WIC, TANF, Meals on Wheels, Home Delivered-Meals,  
Other \_\_\_\_\_

HOUSING: Low Income Housing, Rental Asst., Temporary Shelter, Weatherization of the home,  
Other \_\_\_\_\_

EMPLOYMENT: Job Search Asst., Need Resume or update, Employment Prog. for persons w/disabilities  
or Senior citizens 55+, Job Interview skills, other \_\_\_\_\_

TRAINING: GED preparation, ESL (English as a second language) classes, Remedial Education (Reading, Writing, Math),  
Career exploration, College entrance exam prep, Vocational/Tech training, Training prog. For persons w/disabilities  
55+, Other \_\_\_\_\_

MILITARY/VETERAN: Employment, Job training, Medical, Home Delivered Meals,  
Other \_\_\_\_\_

INDIVIDUAL/FAMILY: Domestic Violence, Child Abuse/Neglect, Elderly Abuse/Neglect, Child/Family care,  
Youth/Family Support Group/Service, TANF, Clothing, Furniture, Transportation to/from programs  
Financial counseling, Other \_\_\_\_\_

HEALTH: Insurance for: Children's Health Insurance Prog. (CHIP), Adult Elderly, Disabled, Immunizations,  
Pregnancy Services, Family Planning, Medications (TX A&M), Transportation to medical appts., Blind, Deaf,  
Respite Care, Rehab Services, Mental Health Services Elder Care, Drug/Alcohol/Substance Abuse Info  
or Services, Other \_\_\_\_\_

SCHOOL: School clothes, Supplies, Immunizations/Booster shots for school, School related Physicals,  
Other \_\_\_\_\_

LEGAL: Child support, Criminal, Civil, Administrative (Medical, SS, SSI, TANF, Food stamps, Public Housing,  
Unemployment, Etc., Other \_\_\_\_\_

UTILITY: Electric, Gas, Propane Bills, Deposits, Reconnect fees, Repairs to heating and cooling appliances  
Other \_\_\_\_\_

**DECLARATION OF INCOME STATEMENT  
(DECLARACION DE INGRESOS)**

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the 30 day period prior to the date of application for assistance; *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

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I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveída de los ingresos es verdadera y correcta según mi saber y creencia.)*

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. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)*

\_\_\_\_\_  
*(Applicant Signature/Firma del Solicitante)*

\_\_\_\_\_  
*(Date/Fecha)*

COMMUNITY ACTION COMMITTEE OF VICTORIA, TEXS  
UNIFIED INTAKE APPLICATION FOR SERVICES

4007 Halsey  
P.O. Box 3607  
Victoria, Texas 77903  
361/578-2989

To Whom It May Concern:

I am hereby applying with Community Action Committee of Victoria, Texas (CACVT) for emergency assistance. I am applying for any source of funding through referrals that are available to CACVT, such as VCAM, Salvation Army, private donations and/or federal/state funding programs available in the service area.

I understand that any funding sources needed to assist my household may have access to any and all information contained in my emergency assistance case file. This also releases CACVT to request information as necessary from income sources for Income Eligibility documentation purposes and utility information.

X I, \_\_\_\_\_ do hereby authorize CACVT and all funding and  
(Print name)  
income sources to release and/or obtain all requested information required to  
determine household eligibility for the year 01/01/\_\_\_\_ to 12/31/\_\_\_\_.

X \_\_\_\_\_  
Applicant Signature

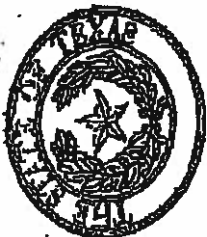
X \_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized CACVT Staff Signature

\_\_\_\_\_  
Date

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
**Household Status Verification Form**

Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National Applicant Certification Form for CEAP, DOE-WAP, LINEAP-WAP Subrecipients, and SHTF, ESG, KHSP, EH (political subdivision only)



The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship/Qualified Alien	Identification

To add additional household members, use another copy of this form.

**I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of agency staff certifying they verified the above documents** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Staff Name** \_\_\_\_\_ **Date** \_\_\_\_\_



## CLIENT SURVEY TO EVALUATE SERVICES

Agency Name: Community Action Committee of Victoria, Texas (CACVT)

City and County where you live: \_\_\_\_\_ Age (Optional): \_\_\_\_\_

Survey Purpose: CACVT needs your feedback to help improve our services and plan future services.  
Upon completion, please return to Case Manager or In box provided for surveys.

1. Please place an X next to the service(s) received from our agency:

- Utility       Weatherization       Food       Rent       Case Management  
 Medication Referral       Education Related Assistance       Employment Related Assistance  
 Transportation  
 Other/please explain: \_\_\_\_\_

2. Describe how satisfied you are with the services you received from our agency by checking the rating which best describes your experience:

Rating Topics	No Opinion	Poor	Fair	Good	Excellent
1. How did staff treat you?					
2. Did staff follow through with assistance?					
3. Did staff assist you in a timely manner?					
4. How was your overall services?					

3. Do you have any recommendations/suggestions to improve how to serve you?

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Thank you for taking the time to provide us with your feedback.