



# INTAKE APPLICATION 2026

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

Are you an employee at HCCAA? Yes No

Circle one: Do you heat your home with GAS or ELECTRIC?

Email Address:

## Head of Household Personal Information

Education	0-8 <sup>th</sup> grade		9-12 <sup>th</sup> 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
<b>Not working AND Not in school:</b> 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	<i>Service start date</i>		<i>Service End Date</i>		<i>Service Connected Disability</i>	Yes	No	<i>% Disabled</i>

## 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

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

\*\*\* 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/> \*\*\*

## Household Income

Complete all Sections Attach Documentation

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 <sup>th</sup> grade	9-12 <sup>th</sup> 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. Not a student. YES/NO Reason:							
Health Insurance		NONE		Direct Purchase		Military	
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

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

Education		0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
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Do you heat your home with Gas or Electricity?

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							Male      Female

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