



# INTAKE APPLICATION 2026

Head of Household Information

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

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

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

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

Complete all Sections

## Household and Residence Information

<b>Family Type</b>	Extended Family	Multigenerational	Other	Single Parent Female
Single Parent Male	Single Person	2 adults no Children	2 Parent Household	
<b>Housing</b>	Own	Rent	Temporary Quarters	Homeless
	If Owned Year House was Built			
<b>Residence Type</b>	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/> \*\*\*

## 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 <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	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

## 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	
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
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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		

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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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		

Do you heat your home with Gas or Electricity?

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	
Disabled	Yes No		Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
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Relationship to Head of Household:		Date of Birth:	Social Security #: Gender: Male Female

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