



INTAKE APPLICATION 2026

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

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		0-8th grade		9-12th 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 AND Not in school: 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	

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

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 th grade	9-12 th grade	HS Graduate	GED	12+ secondary	2-4 college grad	
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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		% 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

Complete all Sections Attach Documentation

Spouse or Other Household Member

Child or Other Household Member							
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							Male Female

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