



Community Council of South Central Texas  
2025 Community Services Application

<b>OFFICE USE ONLY</b>
Date/Time Received <u>Complete</u>
_____/_____/_____ (Elderly 60+/Disabled/Child 5 or younger)
Vulnerable? Y ___ N ___

<b>HEAD OF HOUSEHOLD INFORMATION</b>						
First Name:		Last Name:		Middle Initial:		
Date of birth:		SS #:		Contact # or Cell Phone:		
Home Phone:		Work Phone:		Housing Type: (circle) Rent <input type="checkbox"/> or Own <input type="checkbox"/>		
Residential Address:				Apt.#:		
City, State, Zip				County:		
Mailing Address (if different):				Apt.#:		
City, State, Zip						
Email Address:						
<b>Gender</b>	<b>Race</b>		<b>Ethnicity</b>	<b>Education</b>	<b>Military Status</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
<b>Relationship to Applicant</b>		<b>Work Status 18 or over</b>		<b>Health Insurance</b>		
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month + <input type="checkbox"/> Unemployed less than 6 mos.		<input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18		
<input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins.		<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None				
<b>Other income received</b>			<b>Receive Non-Cash Benefits</b>			
<input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF			<input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None			
<input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher			<input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None			

**"Important information for former military services members. Anyone 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>."**

**By signing below, I acknowledge that I have read, understand, and agree with the entire CCSCT application: I certify that the information on this application is correct, and I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following pages for all other household member(s). You **MUST** answer **ALL** questions.

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**OTHER HOUSEHOLD MEMBERS** - If more than **5 people** are in your home, please ask for additional pages.

Household Member First Name:		Last Name:		Middle Initial:	
Date of birth:		SS #:			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Race</b> <input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<b>Education</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<b>Military Status</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<b>Seasonal Work</b> <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
<b>Relationship to Applicant</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	<b>Work Status 18 or over</b> <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month <input type="checkbox"/> Unemployed less than 6 mos.		<b>Health Insurance</b> <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins.		<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None
<b>Other income received</b> <input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF			<b>Receive Non-Cash Benefits</b> <input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None		

Household Member First Name:		Last Name:		Middle Initial:	
Date of birth:		SS #:			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Race</b> <input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<b>Education</b> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<b>Military Status</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<b>Seasonal Work</b> <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
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**OTHER HOUSEHOLD MEMBERS** - If more than **5 people** are in your home, please ask for additional pages.

Household Member First Name:		Last Name:		Middle Initial:	
Date of birth:		SS #:			
<b>Gender</b>	<b>Race</b>	<b>Ethnicity</b>	<b>Education</b>	<b>Military Status</b>	<b>Seasonal Work</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
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Date of birth:		SS #:			
<b>Gender</b>	<b>Race</b>	<b>Ethnicity</b>	<b>Education</b>	<b>Military Status</b>	<b>Seasonal Work</b>
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			<input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None		

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**Housing Information:**

Type: Private Home  Mobile Home  Apartment  Duplex  Other  \_\_\_\_\_ # Bedrooms \_\_\_\_\_

Subsidized/Public Housing? Yes  No  Do you?  Rent or  Own Rent/Mortgage \$ \_\_\_\_\_

Utilities included in rent? Yes  No  Prior Weatherization? Yes  No  Date: \_\_\_\_\_ House built date \_\_\_\_\_

**Utility Information:**

Is the light bill/water bill under a different name? Who: \_\_\_\_\_ (You must bring a letter from this person, if this person is not a household member, stating that you are responsible for the bill)

**Electric Company Name:** \_\_\_\_\_

**Gas/Propane Company Name:** \_\_\_\_\_

**Water Company Name:** \_\_\_\_\_

Acct.# \_\_\_\_\_

Acct.# \_\_\_\_\_

Acct.# \_\_\_\_\_

Heating  Cooling  Both

Propane % \_\_\_\_\_ remaining

Type of A/C:  Central /  Evaporative Cooler /  Window Unit /  None

Type of Heater:  Central /  Space Heater /  Wall Furnace /  Fireplace Stove /  None

Is your A/C or Heater working properly? Y  N  / Are you in need of A/C or Heater Repair? Yes  No

**Priority Information:**

1. Have you ever received services from Community Council of South Central Texas, Inc. Yes  No
2. Is anyone living in your household age 14-24 not going to school or working? Who? \_\_\_\_\_ Yes  No

**Disability Certification: I hereby certify that I, or the household member listed is disabled as defined by:**

- 7(9) of the Rehabilitation Act of 1973
- 1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act
- 102 (7) of the Developmental Disabilities Services and Facilities Construction Act (38 USC Chapter 11 or 15)

No one in my household is disabled.

I receive disability benefits: Name(s): \_\_\_\_\_

I do not receive disability benefits: Name(s): \_\_\_\_\_

I do not receive disability benefits, but I have applied for benefits: Name(s): \_\_\_\_\_

Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the Penal Code, **it is a felony of the third degree to falsify this document.**

**Conflict of Interest Information:**

Is anyone in the household currently serving, or related to a CCSCT employee, agency consultant, board member? If yes, who and their position? \_\_\_\_\_ Yes  No

**Case Management**

Are you willing and able to obtain a job, enroll in job training or engage in ways to increase your income by actively participating in CCSCT's Case Management Program? Are you willing to make a commitment to follow up on referrals, submit monthly income and to meeting with a Case Manager a minimum of once a month to successfully complete the Case Management program? Yes  No

**Acknowledgement and Release of Information:**

I hereby give my permission to release any information and understand that it will be kept in strict confidence. I understand that a photocopy or fax of this release is as valid as the original. I also give CCSCT, Community Services Program, permission to share with, to inquire about, make pledges and receive all information from other agencies, utility vendors and employers as needed. I understand that I may be terminated for providing false information, threatening behavior, Sexual harassment, verbal abuse, theft, or violation of CCSCT firearm policy. I understand if terminated, I will not be able to reapply for 1-2 years.

Applicant to initial here: \_\_\_\_\_

Community Council of South Central Texas - 2025 Community Services Application

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
**Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National**  
**Applicant Certification Form for WAP and CEAP**

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	US Citizen (Born or Naturalized) or U.S. National	Qualified Alien	OFFICE USE ONLY	
			Documentation provided for:	
			Citizenship Documents	Identification Documents
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of agency staff certifying the above

\_\_\_\_\_  
 Print Staff Name

\_\_\_\_\_  
 Date

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**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 income, or 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 proveida 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 Council of South Central Texas - 2025 Community Services Application

**Customer/Client Satisfaction Survey**

**Instructions:** We need your feedback to help improve service and plan for the future.

**Check the box to indicate which service(s) you received:**

- Utility Assistance  
  Weatherization  
  WIC  
  Education Services  
  Employment Services  
 Rental Assistance  
  Case Management  
  Referral  
  Emergency Assistance  
  Other \_\_\_\_\_

**List the county where you receive services:** \_\_\_\_\_

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. When I entered the building, I was greeted and felt welcome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The facilities were clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was assisted in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was treated with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My needs were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was informed about other CCSCT programs or community services that could benefit me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I found the program service(s) helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was satisfied with my overall experience and the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am likely to use the program service(s) again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend CCSCT to family/friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would be willing to participate in a discussion group to help CCSCT continue to improve. (Include name and phone number below)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments/How can we better serve you? (If you were not satisfied, please tell us why).**