



Concho Valley Community Action Agency

36 E. Twohig, Ste. B2
San Angelo, TX 76903

www.cvcaa.org

phone - 325-653-2411 fax - 325-658-3147



2020 & 2021 RETURNING CLIENT APPLICATION FOR SERVICES

Assistance subject to available program funding

ALL FIELDS MUST BE COMPLETED

PLEASE USE BLUE OR BLACK INK

FIRST NAME		LAST NAME	
ADDRESS	CITY	COUNTY	ZIP
MAILING ADDRESS (IF DIFFERENT)			
EMAIL ADDRESS		PHONE	ALT PHONE

We will need income for the past 30 days for everyone 18 and older in the household. We will contact you if additional documentation is needed.

Please list any new members of your household

INSTRUCTIONS: Race: choose from White, Black, Asian, Native, No Answer, 2 or More. Ethnicity: choose Hispanic or Non-Hispanic. Health Insurance: choose Private, Employer, Medicaid, Medicare, Military, CHIPS, None					
FIRST NAME	LAST NAME	SS NUMBER	DATE OF BIRTH	RACE	ETHNICITY
GENDER	DISABLED?	VETERAN?	EDUCATION LEVEL	RELATIONSHIP TO YOU	HEALTH INSURANCE
For any new members, please send:					
<ol style="list-style-type: none"> 1. Proof of income for the last 30 days (ex. pay stubs, award letter, unemployment, child support, etc.) 2. ID for anyone 18 or older 3. US Birth Certificate or Proof of Residency 					

Please let us know if there was someone in your household in 2021 who is no longer in the household.

FULL NAME	SS NUMBER	DATE OF BIRTH	REASON NO LONGER IN HH
FULL NAME	SS NUMBER	DATE OF BIRTH	REASON NO LONGER IN HH
FULL NAME	SS NUMBER	DATE OF BIRTH	REASON NO LONGER IN HH

APPLICANT'S AUTHORIZATION, UNDERSTANDING, AND AGREEMENT

Please read and initial each statement.

- _____ 1. I attest to the information provided on this application and the statements I have made are true and correct to the best of my knowledge. If I obtain or attempt to obtain services for which I am not entitled by means of willful false statements or other fraudulent means, I may be considered guilty of a criminal offense and upon conviction for penalty of fraud may be fined and/or imprisoned.

- _____ 2. I authorize the Texas Department of Housing and Community Affairs (TDHCA), CVCAA and its contracted agencies to contact any source in order to solicit/verify information necessary for any eligibility determination. All information will be kept in strict confidence and used for program purposes only such as: employment, utility consumption, etc.

- _____ 3. I understand that a photocopy of this release is as valid as the original, and it may be used to obtain more information or verify other data for the purposes of providing program services and confirming my outcomes.

- _____ 4. If I qualify for CVCAA Services, I understand that it could take up to 60 days to process this application. I understand that I must continue to pay my bill until I receive a letter from CVCAA stating that I am eligible to receive utility assistance.

- _____ 5. I understand it is my responsibility to contact CVCAA within 5 business days of changing my utility provider(s) with a new account number and vendor information. If I do not, all future payments will be suspended and/or cancelled.

- _____ 6. I understand that for the Weatherization Program, I authorize all work on the residence listed on this application. I understand that my home must be easily accessible and free from obstructions. Homes deemed inaccessible by agency staff and/or contractors will be denied.

- _____ 7. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I have made, and I will cooperate fully with state and federal personnel in quality control review. Failure to do so may result in denial/suspension of services from all programs.

- _____ 8. I understand I will be terminated from any and all programs immediately for the following offenses such as but not limited to and committed by me or any member of my household: in compliant, abusive language, threats, violent acts, physical confrontation, sexual harassment, under the influence of alcohol or drugs, etc. Violators will be asked to leave the premises; police and/or security called. Offense(s) may lead to denial of assistance for a period of time determined by CVCAA

CVCAA is required to obtain proof of citizenship for all household members. As per Texas Administrative Code, households that include a non-qualified alien will include that person's income in that household's income calculation, but that person will not be counted as a household member. Households with only non-qualified aliens are not eligible to receive Utility Assistance and/or Weatherization benefits. All applications will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

X _____
Applicant's Signature

← Sign Here

_____ Date



Submit last 30 days of income from date you list here

Office Use Only

Application Received Complete/Incomplete: _____	Notes: _____
Notice of Incomplete Application Sent: _____	_____
Application Processed/Denied: _____	_____

NEEDS ASSESSMENT QUESTIONNAIRE

Concho Valley Community Action Agency is committed to helping you meet your needs and connecting you with other area agencies that can provide your family with the stability and respect you deserve. Please answer the following questions so we can better serve you as our partner and our neighbor.

Do you need assistance with any of the following?

Basic Needs:

- Food
- Clothing
- Household Goods

Income Needs:

- Finding a Job
- Resumes/Applications
- Applying for Benefits
- Getting Child Support
- Paying for Child Support

Housing Needs:

- Temporary Shelter
- Low-Income Housing
- Rental/Mortgage Assistance
- Weatherization
- Home Repairs

Repairs Needed: _____

Health Needs:

- Mental Health Assistance
- Substance Abuse Assistance
- Medical Care
- Medications

Transportation

Do you have a vehicle? Yes No

If yes, is it reliable? Yes No

If no, what is your transportation (ex. Bus, Uber/taxi, friend)? _____

Heating & Cooling

Are any of the following working, but in need of repair?

- Central Unit Window Unit Other

Explain: _____

Do you have any of the following that don't work?

- Central Unit Window Unit Other

Explain: _____

What other needs can we help you with?

- Child Care
- Elder Care
- Legal Assistance
- Budgeting/Money Management
- Credit Repair
- Other: _____

Education & Experience (If age 18-64)

What is your highest level of education? _____

Are you currently in school? _____

If so, where? _____

What degree/certificate/license are you working toward? _____

Are you a recent graduate? _____

If so, what degree/certificate/license did you receive? _____

What certificates or licenses do you already have? _____

Are you interested in returning to school? _____

Are you actively looking for work? _____