CCA Family Assistance General Information

Date:_____ **Time In:** _____

❑New Applicant ❑ Returning Client

❑Married ❑Single ❑Divorced ❑Widower

Christian Community Action
200 South Mill Street
Lewisville, Texas 75057
972.219.4305/fax 972.219.4330
www.ccahelps.org

Applicant Name:_____ ❑Male ❑Female

Spouse: _____ ❑Male ❑Female

Applicant: Dateof Birth:_____ Age:_____ Race:_____ DL/ID #: _____

Spouse: Date of Birth:_____ Age:_____ Race:_____ DL/ID #: _____

Address:_____ City: _____

County:_____ ZIP:_____ email: _____

Phone 1: _____ Cell phone provider 1: _____

Phone 2:_____ Cell phone provider 2: _____

Household: # of Adults:_____ # of Children:_____ Gross Monthly Income $: _____

Do you have Medicare, Medicaid or Private Health Insurance? Applicant: Yes❑ No❑ Spouse: Yes❑ No❑

Last grade completed: Applicant:_____ Spouse: _____

Check the reason for your visit or request:

❑ Pantry
❑ Toys
❑ ESL
❑ Chaplain
❑ Job/Job Skills
❑ Computer
❑ Budgeting
❑ Rental Assistance
❑ Counseling
❑ Utility Assistance
❑ School Supplies

Describe your crisis:

_____

_____

_____

_____

_____

Referred by:_____

Provide information for the children living with you:

Relationship	Full Name	D.O.B.	Age	Race	School Name	Grade
1						
2						
3						
4						
5						
6						
7						

Christian Community Action

200 South Mill Street - Lewisville, TX 75057
Main # 972.436.4307
Fax # 972.219.4330

CLIENT'S CONSENT/RELEASE OF INFORMATION AUTHORIZATION

Please, read each statement. Initial, sign and date.

I,_____ understand that,
Client's name (please print)

_____ Having an interview with a Caseworker/Case Manager does not guarantee assistance.

_____ All documents and forms copied or completed during my visits become the property of Christian Community Action.

_____ Christian Community Action will not knowingly be a part of any matter or transaction that is dishonest or illegal.

_____ If subpoenaed by local, state or federal law, all contents of my file will be released to the appropriate legal authority.

_____ This Consent/Release of Information agreement and guidelines applies to me and any member of my household.

_____ This authorization expires in 365 days from the date of signature.

_____ I understand a copy of this authorization is considered as valid as the original.

I hereby give permission to any person, corporation, society, organization, government or local agency, institution, hospital, or physician to release to Christian Community Action information regarding my case. Christian Community Action is hereby granted my permission to release information on a limited basis to any person, corporation, society, organization, government or local agency, institution, hospital or physician who may be participating in my case. Any information shared with any and all the mentioned entities above is intended to help identify other services or programs my family and I may be eligible for and to better coordinate services for me and my household.

_____ _____
Client Signature Date

_____ _____
Caseworker/Case Manager signature Date

Christian Community Action operates in accordance with the US Department of Agriculture and Texas Health and Human Services Commission policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, political belief, or national origin.

MISSION STATEMENT

In the name of Jesus Christ, Christian Community Action ministers to the poor by providing comprehensive services that alleviate suffering, bring hope and change lives.

BACKGROUND INFORMATION

Name:_____ **Date:**_____

5 Year History of where you have lived

History	Address	How Long/ List Dates	Landlord Name and Phone
Current Address			
Previous Address			
Previous Address			

5 Year Employment History

	Where have you worked?	What did you do?	Dates of employment	Reason for leaving
Current				
Previous				
Previous				
Previous				

Spouse/Roommate/Other Adult Employment History

	Where have you worked?	What did you do?	Dates of employment	Reason for leaving
Current				
Previous				
Previous				
Previous				

Is anyone else working in the household? YES____ NO ____ If yes, who?_____

Are you or anyone in your household a Veteran? YES ____ NO ____ If yes, who?_____

Homeless? YES ____NO ____NOT NOW _____ Do you have a vehicle? YES ____ NO _____

MONTHLY INCOME AND EXPENSES

Client's name:_____ **Family ID #** _____ **Date:**_____ **CM:** _____

$ IN				$ OUT		$ OUT		CM COMMENTS
WHO		GROSS	NET					
	Work #1	$	$	Housing	$	Eating Out	$	
	Work #2	$	$	Electric	$	Sports	$	
	Work #3	$	$	Gas (utility)	$	Entertainment	$	
	SS	$	$	Water	$	clothes	$	
	SSD	$	$	Car payments	$	shoes	$	
	SSI	$	$	Phones	$	vacation	$	
	Veteran	$	$	Car insurance	$	School loans	$	
	Retirement	$	$	Health insurance	$	Payday loans	$	
	Family	$	$	Medicines	$	Other:	$	
	Friends	$	$	Food:	$	Other:	$	
	CHILD SUPPORT	$	$	Gasoline:	$	Other:	$	
	SNAP	$	$	Other:	$	Other:	$	
	Other	$	$	Other:	$	Other:	$	
	Other	$	$	Other:	$	Other:	$	
		TOTAL $ IN		***TOTAL $ OUT***		***TOTAL $ OUT***		
		Gross: _____		_____		_____		
		Net:_____						

Positive or Negative $ _____

Christian Community Action

INCOME GUIDELINES

(80% of HUD Poverty Guidelines)

Applicant's name:_____Zip Code: _____

Household Size	Annual Income
1	$39,450
2	$45,050
3	$50,700
4	$56,300
5	$60,850
6	$65,350
7	$69,850
8	$74,350

The table above is used to determine income qualifications for all CCA services

Please, use the above table as a reference and circle your household size

Please, write down your household monthly income

$_____ (Gross)

_____ _____

Applicant's Signature **Date**

ICW/CM:_____$_____monthly x 12 = $ _____annually

(revised February, 2016)

The Emergency Food Assistance Program (TEFAP)
Income Eligibility Guidelines
July 1, 2016 – June 30, 2017

Based on 185% of Federal Poverty Guidelines					
Household Size	**Annual Income**	**Monthly Income**	**Twice-Monthly Income**	**Bi-Weekly Income**	**Weekly Income**
1	**$21,978**	**$1,832**	**$916**	**$846**	**$423**
2	**$29,637**	**$2,470**	**$1,235**	**$1,140**	**$570**
3	**$37,296**	**$3,108**	**$1,554**	**$1,435**	**$718**
4	**$44,955**	**$3,747**	**$1,874**	**$1,730**	**$865**
5	**$52,614**	**$4,385**	**$2,193**	**$2,024**	**$1,012**
6	**$60,273**	**$5,023**	**$2,512**	**$2,319**	**$1,160**
7	**$67,951**	**$5,663**	**$2,832**	**$2,614**	**$1,307**
8	**$75,647**	**$6,304**	**$3,152**	**$2,910**	**$1,455**
For each additional household member, add:	**+ $7,696**	**+ $642**	**+ $321**	**+ $296**	**+ $148**

North Texas Food Bank

Household Application for USDA Foods

March 2017

North Texas Food Bank Intake Form

Only the information on this form is required to receive USDA Foods through TEFAP (The Emergency Food Assistance Program)

Section 1 – Application (to be completed by household member)

By signing below, I certify that:

1. I am a member of the household living at the address provided in Section 2 and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program
2. All information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct, and
3. If applicable, the information provided by the household's Authorized Representative (as named below or as authorized on a separate page) is also, to the best of my knowledge and belief, true and correct

Signature of household member _____

Date _____

Name of proxy (person given authority to act on behalf of household) (optional)

_____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Section 2 – Household information (to be completed by the household member, proxy, or the recipient agency that is determining eligibility)

Name of household member _____

Number of household members _____

Address of household _____

_____

If the household receives other assistance, mark the appropriate choice(s) below. No proof is required.

_____**Supplemental Nutrition Assistance Program (SNAP)**

_____**Temporary Assistance for Needy Families (TANF)**

_____**Supplemental security Income (SSI)**

_____**National School Lunch Program (NSLP)**

_____**Medicaid**

What is the total gross income* (the amount before deductions) of all household members? Optional if household receives other assistance

$_____ _____per year _____per month _____per week

*Farmers and self-employed persons may report NET income (the amount after business expenses).

Section 3 - Temporary Crisis Food Need (to be completed by the recipient agency only if the household is determined ineligible on the basis of Section 2 information)

Is the household in need of temporary, crisis food assistance?

_____Yes _____No *(Explain the reason for eligibility in the "comments" section below.)*

Section 4 - Certification period is up to twelve months. For crisis food need (Section 4), certification period is up to six months. Texas Department of Agriculture can approve crisis food need for seven to twelve months.

Give length of certification period if household is eligible.

Beginning (month/year)_____/_____

Ending (month/year)_____/_____

Comments on eligibility/ineligibility

_____

_____

_____

Date _____

Signature of recipient agency official _____

The optional information below is for internal use only, and is not required for determining eligibility for USDA food.

Number of household members by age group:

Children (0-17) _____

Adults (18-59) _____

Seniors (60 +) _____

The Emergency Food Assistance Program (TEFAP)

Participant Agreement, Rights, Obligations, and Fair Hearing Request

1. I will not be denied USDA Foods if I am determined eligible.
2. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
3. I may appeal any decision made by the food bank or distribution site regarding my eligibility determination for this program. I can inform the distribution site or food bank that I want to appeal.
4. I understand that if I choose to send an alternate person (a proxy) to pick up my food, that person must be listed as an alternate on my Household Application for USDA Foods.
5. I understand that the food provided by this program is intended for the members of the eligible household.
6. I understand that I must not sell or exchange USDA Foods for nonfood items.
7. I consent to the release of information to TEFAP staff, which includes officials of United States Department of Agriculture, Texas Department of Agriculture, and the food bank.
8. Program staff have advised me of my rights and obligations under this program.
9. I understand that the standards for participation in this program are the same for everyone regardless of race, color, national origin, age, sex, or disability.
10. I have read this form, or the form has been read to me.
11. The distribution site maintains the right to involve local law enforcement to ensure orderly distribution.

Spiritual Care Request

Date: _____

Christian Community Action
200 South Mill Street
Lewisville, Texas 75057
972.436.4357 / fx 972.219.4330
www.ccahelps.org

Name: _____ Date of Birth: _____

Address: _____ City: _____

Email: _____

Phone: _____ Church: _____

Check the type of request:

q **I would like to see the Chaplain:** Please see Front Desk or contact Spiritual Care Team*

q **I would like to receive a phone call:** What's the best time to call? 9:00 – 12:00 or 1:00 – 5:00

q **I would like help finding a church?** What's your denominational preference? _____

Please list your prayer requests and concerns:

Please return this form to the front desk or contact the Spiritual Care Team

972.219.4354 | prayer@ccahelps.org

Family Assistance Services

Required Documents

1. Proof of Income

To qualify for services your household income cannot exceed the 80% HUD guidelines.

Household income includes: Wages, SS, SSD, SSI, Veterans, SNAP, Child Support, Section 8, Cash, Other.

2. Proof you reside in our area of service

(Lease or mortgage information)

3. Utility bills

(Electric; Gas; Water (in the applicant or spouse's name). Provide the regular bill/s as well as any disconnect or eviction notices)

4. DL or ID for all the adults

(A picture ID is preferred)

5. Identification for minors

6. Proof of 90 days residence in our area of service

(Must include the entire lease agreement with signatures)

For Applicants Seeking Financial Assistance, You Also Need

(Rental and/or Utility Assistance)

7. Documentation of crisis

(The reason/s causing you to ask for assistance)

Failure to bring required documents will delay process. It is possible that you may be required to submit more documents to show proof of a financial need during the interview. This interview does not guarantee requested assistance.

Date_____ ***Signature***_____

(Revised May 2017)