

DOUBLE MOUNTAIN OUTREACH SERVICES
ASPERMONT SMALL BUSINESS DEVELOPMENT CENTER, INC.
9660 U.S. 83 SOUTH ASPERMONT, TX 79502
(940) 989-3538 (800) 722-0137

WEBSITE: www.doublemountainservices.com

Dear Applicant:

Enclosed you will find an application for assistance from the Aspermont Small Business Dev. Center, Inc. (**Double Mountain Outreach Services.**) Complete this application and return it to the address above:

MAKE SURE THIS APPLICATION:

1. Is signed and dated.
2. Provides a working phone number.
3. Includes copies of items below: PLEASE don't send originals that you might need later.
4. Is filled out completely. **Do not leave blanks. Answer each and every question.**

Failure to complete the application for failure to submit the items in the box below will cause delays in the eligibility determination process. If you do not have all the items needed for applying, please call DMOS at (940) 989-3538 so that we can help you **before** you return the application.

PLEASE PROVIDE:

- 1. Picture ID for everyone age 18 and over in the household.** (Driver's License, Government Issued Identification Card, etc.)
- 2. Proof of U.S. Citizenship for everyone in the household:** (Birth Certificates, USA Passport, Green Card, Naturalization Certification, Asylum Seeker Certificate)
- 3. Social Security cards for everyone in the household.**
- 4. Proof of any & all household income for the previous 30 days for each adult (age 18 and older.)** Paycheck stubs or payroll printouts are required for the employed. Award statements/letters are required for Social Security, SSI, TANF, retirement pensions, unemployment benefits, veteran's payments (any & all types of income proof is needed).
- 5. CHILD SUPPORT PROOF FROM THE TEXAS ATTORNEY GENERAL:** DO NOT send divorce or child custody hearing papers. Send a statement from the OAG (you get them online). **CASH CHILD SUPPORT:** If you receive cash payments directly from your child's parent, you have to declare it using a statement we will provide. Call us for one if one was not included with this application.
- 6. COPY OF MONTHLY ELECTRIC, GAS OR PROPANE BILLS (all pages, front & back).** If you have a disconnect notice, send it also, but a disconnect notice is NOT a substitute for a monthly bill. **SENDING US A COPY OF YOUR MONTHLY PAST DUE/CURRENT BILLS IS NOT AN OPTION—IT IS REQUIRED.** If you are on 'paperless billing,' you are STILL required to provide a copy of your monthly bill to us (you can email it). Applications that do not contain copies of the current/past due utility bill/statement/invoice will be automatically regarded as 'incomplete.'

If there is anyone living in the household that is 18 years of age or older who has NO INCOME, you must call ASBDC/DMOS and request that a **DECLARATION OF INCOME FORM** be mailed/faxed/mailed to you, if one is not already enclosed here.

ASPERMONT SMALL BUSINESS DEVELOPMENT CENTER, INC.
DOUBLE MOUNTAIN OUTREACH
CLIENT INTAKE

HEAD OF HOUSEHOLD IDENTIFICATION

Email: _____

Applicant: _____
First Middle Last

Social Security Number: _____

Home/Cell Phone: _____

Work Phone: _____

Mailing Address: _____
PO Box/Street City Zip Code

Residential Address (if different from above): _____

Circle the name of the county where you live:

Haskell Jones Kent Knox Stonewall Throckmorton

HOUSEHOLD DEMOGRAPHICS

Household Type: Single Person Single Parent/Female Single Parent/Male

Two Parent Household Two Adults/No Children Other (describe): _____

Multi-generational (3 or more generations together or grandparents raising grandchildren)

Homeless

HOUSING INFORMATION

Do you own your home? Yes No If yes: private home mobile home/trailer

Do you rent your home? Yes No

If yes: Public/Subsidized Housing: apartment (low rent) house (low rent)

Private Housing: house mobile home apartment rented room

Other (Explain): _____

Amount of rent: \$ _____ per month Are electric or gas utilities included? Yes No

Name of Landlord: _____ Phone: _____

Landlord's Address: _____

MEDICAL EQUIPMENT: Do you have life-sustaining medical equipment (electric) in your home? Some examples would be kidney dialysis machines, oxygen concentrators or cardiac monitors, etc. **Circle your answer: YES or NO**

REGARDING SOMEONE LIVING IN YOUR HOME WITH A MEDICAL CONDITION: Has a medical professional prescribed that the temperature/climate in your home be maintained at a certain level, due to the medical condition? **Circle your answer: YES or NO**

Date Mailed by Staff: _____ Purpose: _____

Return Info: _____

INDIVIDUAL DEMOGRAPHIC INFORMATION: List everyone (including yourself) who lives in the household and answer each question about them. NO BLANKS.

HOUSEHOLD MEMBER NAME + Relationship to Applicant (self, spouse, partner, child, grandchild, stepchild, foster child, cousin, sibling, niece, nephew, uncle, aunt, parent, boyfriend, girlfriend, fiancé, or whatever term applies) SEE NOTE BELOW	G E N D E R	RACE/ETHNICITY **Amer Indian/Alaska Native, Asian, Hispanic, White, Black/African American, Pacific Islander, Multi-Race or Other	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER	Is this individual disabled?	EDUCATION LEVEL COMPLETED	Please list all the kinds of health insurance each member has. <u>If there is none, write "none."</u> Medicaid, Medicare, CHIPS, State Health Ins. For Adults, Military, Direct-purchased by you or Employer –purchased for you.	MILITARY VETERAN? (male or female?) ACTIVE MILITARY?
EXAMPLE: John Smith (self)									

*For federal government reporting purposes, if choosing to identify as "American Indian/Alaska Native," this refers to a person who actively "maintains tribal affiliation and/or tribal community involvement."

Regarding RELATIONSHIPS: If you need guidance, please call DMOS for other examples of household relationships. (There isn't room here to list all of the possibilities that could apply.)

WORK STATUS AND INCOME INFORMATION FOR ADULTS (AGE 18+)

ANSWER ALL QUESTIONS ABOUT EVERY ADULT (no blanks.)

<p>Household member name:</p> <p><input type="checkbox"/> Full time (30 hr/week) <input type="checkbox"/> Part-time (less than 30 hrs/wk)</p> <p><input type="checkbox"/> Unemployed less than 6 mo. <input type="checkbox"/> Seasonal Farm Worker</p> <p><input type="checkbox"/> Unemployed more than 6 mo. <input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Not in Labor Force</p> <p><input type="checkbox"/> Other: Explain _____</p>	<p>Household member name:</p> <p><input type="checkbox"/> Full time (30 hr/week) <input type="checkbox"/> Part-time (less than 30 hrs/wk)</p> <p><input type="checkbox"/> Unemployed less than 6 mo. <input type="checkbox"/> Seasonal Farm Worker</p> <p><input type="checkbox"/> Unemployed more than 6 mo. <input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Not in Labor Force</p> <p><input type="checkbox"/> Other: Explain _____</p>
<p>Income Type:</p> <p><input type="checkbox"/> SS <input type="checkbox"/> Retirement Pension</p> <p><input type="checkbox"/> SSI <input type="checkbox"/> Worker's Comp</p> <p><input type="checkbox"/> SSDI <input type="checkbox"/> Unemployment Benefits</p> <p><input type="checkbox"/> VA Pension <input type="checkbox"/> Cash Child Support (amount \$ _____)</p> <p><input type="checkbox"/> VA Disability <input type="checkbox"/> Att. Gen. Child Support</p> <p><input type="checkbox"/> Cash/Odd Jobs <input type="checkbox"/> Self Employed</p> <p><input type="checkbox"/> No Income <input type="checkbox"/> TANF</p> <p>Other: Explain _____</p>	<p>Income Type:</p> <p><input type="checkbox"/> SS <input type="checkbox"/> Retirement Pension</p> <p><input type="checkbox"/> SSI <input type="checkbox"/> Worker's Comp</p> <p><input type="checkbox"/> SSDI <input type="checkbox"/> Unemployment Benefits</p> <p><input type="checkbox"/> VA Pension <input type="checkbox"/> Cash Child Support (amount \$ _____)</p> <p><input type="checkbox"/> VA Disability <input type="checkbox"/> Att. Gen. Child Support</p> <p><input type="checkbox"/> Cash/Odd Jobs <input type="checkbox"/> Self Employed</p> <p><input type="checkbox"/> No Income <input type="checkbox"/> TANF</p> <p>Other: Explain _____</p>
<p>Non-Cash Benefits:</p> <p><input type="checkbox"/> SNAP (food Stamps) <input type="checkbox"/> Energy Bill Assistance (from this agency)</p> <p><input type="checkbox"/> WIC</p> <p><input type="checkbox"/> Affordable Care Act Subsidy</p> <p><input type="checkbox"/> Child Care/Daycare Subsidy</p> <p><input type="checkbox"/> Public Housing (from Housing Authority)</p> <p><input type="checkbox"/> Other Housing Assistance</p> <p>Explain: _____</p> <p><input type="checkbox"/> Other Explain: _____</p>	<p>Non-Cash Benefits:</p> <p><input type="checkbox"/> SNAP (food Stamps) <input type="checkbox"/> Energy Bill Assistance (from this agency)</p> <p><input type="checkbox"/> WIC</p> <p><input type="checkbox"/> Affordable Care Act Subsidy</p> <p><input type="checkbox"/> Child Care/Daycare Subsidy</p> <p><input type="checkbox"/> Public Housing (from Housing Authority)</p> <p><input type="checkbox"/> Other Housing Assistance</p> <p>Explain: _____</p> <p><input type="checkbox"/> Other Explain: _____</p>
<p>Descriptions for Work Status: "Retired" typically means an older person whose work career is over & they usually receive a private pension, Social Security & so forth. "Not in Labor Force" means someone who is not working for any period of time and is not looking for work, such as a student, homemaker, unpaid family work, etc. "Unemployed Long-Term or Short-Term" means someone who is actively seeking work. Call DMOS if you have questions about work status, income, or anything above.</p>	
<p>ADULT PAYEE INFORMATION: Is there an adult in the household that receives income on behalf of a child in the household? ____yes ____no If yes, for which child and which kind of income? Examples could be SSI, SS death benefits for a deceased parent/disability & so forth. Be detailed in the blank below.</p>	

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CERTIFICATION/CERTIFICACION

1. The information provided is true and correct to the best of my knowledge and belief.
 1. *La informacion proveida en esa forma es correcta segun mi mayor enendimiento.*
 2. My household income has been annualized, at the time of my application, according to pre-established agency procedures.
 2. *Los ingresos de mi hogar han sido calculados anualmente segun los regulamentos preescritos por la agencia.*
 3. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or delay of service delivery.
 3. *Comprendo que puedo solicitar una audiencia para apelar decicion que me afectan, tales, como:el eligibilidad al programa, asistencia recibida o tardanze de asistencia.*
 4. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicity/verify information on my utility and/or fuel bills, both past and future, to the extent the information is used only to provide data.
 4. *Utorizo al "Texas department of Housing and Community Affairs" y sus agencias contratadas a solicitar y verificar informacion sobre mis cuentas pasadas y futures para luz y gas cuando la informacion se usa para reporter data estadistica.*

CLIENT'S PERMISSION FOR RELEASE OF INFORMATION: I give permission to the Double Mountain Outreach Services, to share and/or secure any information necessary. I also grant permission to Double Mountain Outreach Services to contact other individuals or organizations in order to provide services, and resources on my behalf. I understand that this information will be shared or secured on a professional basis only while protecting my right to confidentiality. I am authorizing this agency to contact any person, state or government organization, assistance agency, employer, landlord, or utility provider required to process my application and to secure information in my case record, including educational and student records.

By signing below, I understand that Double Mountain Outreach Services/ASBDC staff and referral resources will have access to my records.

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

COMPRENDO QUE ESTOY SUJETO A SER PROCESADO SI LA INFORMACION ES FALSO O INCORRECTA.

* _____
Applicant's Signature / Firma de Solicitante

* _____
Date / Fecha

Needs Assessment Questionnaire

The following survey lets us know what most important needs your family is currently experiencing. The information will be used to better identify what resources to connect you to based on your responses. In addition, the information will be collected for future use in a Community Needs Assessment report that will be available to the public. Your name and personal information will not be connected to the responses you provide in this survey. Thank you in advance for your participation!

Place an X in the box that reflects your family’s needs for each item:

Domain/ Category	Needs	Not Needed	Sometimes Needed	Very Needed	Office Use/Referral
<i>Employment</i>	Help finding a job with a living wage				
	Job skills and job training in order to earn better wages				
<i>Education</i>	GED classes				
	Assistance to attend trade or technical school or college (ex: TSTC, college, etc.)				
	Childcare so that parent can attend school/work				
<i>Income & Asset Building</i>	Help with applying for Social Security, disability (SSDI), TANF, SNAP, etc.				
	Assistance with financial goals and self-sufficiency				
	Financial education/budgeting classes/credit repair				
<i>Housing</i>	Help paying rent or mortgage (eviction notice)				
	Low Income Housing				
	Help with utility bills (electric, propane, gas)				
	Help with a water bill disconnect notice				
	Help with repairs or replacement for heating/cooling appliances				
	Help to make my home more energy efficient such as to prevent air from escaping or entering the home (weatherization—sealing air leaks, etc.)				
<i>Health and Social Behavioral Development</i>	Help with obtaining vision exam/glasses				
	Help with obtaining dental exam/services				
	Prescription assistance				

	Needs	Not Needed	Sometimes Needed	Very Needed	Office Use/Referral
	Help with immunizations				
	Mental Health Services				
	Nutrition education/healthy eating workshops (ex: diabetes, high blood pressure)				
	Meals delivered to your home (ages 55+)				
	Food for your family (ex: food pantry)				
	Information about alcohol/drug addiction programs				
<i>Other Needs</i>	Transportation to work or medical appointments				
	Help getting referred to the Attorney General for child support assistance (800-252-8014)				
	Help with legal needs such as criminal, civil, other				
	Veteran's needs: Medical, training, other				
<i>Emergency Assistance</i>	Help finding resources in the community				

Other Needs Not Listed Above:

COVID-19 RELATED NEEDS ASSESSMENT QUESTIONNAIRE

COVID-19 RELATED NEEDS	YES	NO
Have your food/grocery costs increased since COVID?		
Have your utility bills increased since you are staying home more? (water, electricity, gas)		
Has there been a job loss or reduction of work hours for any household member?		
Have you had to stay home and/or turn down work to take care of other family members?		
Have you had increased expenses from this pandemic? (cleaning supplies, over the counter meds, prescriptions, baby care, other items)		
Have you had to purchase masks/sanitizers/gloves, etc. to protect yourself and your family?		
Are you worried about going back to work (for health reasons) & therefore, have avoided it?		

End of Survey

Signature

Date

