



**TO APPLY FOR SERVICES, YOU MUST PROVIDE COPIES OF:**

1. Proof of any income earned/received in the last thirty (30) days for all household members, such as:
  - a. Checks
  - b. Check Stubs for the past 30 days
  - c. Award Letter(s) (TANF, SSI, Social Security, etc) for the current year.
  - d. Statement from Employer (on Letterhead) showing gross income for the last thirty days, if employed.
  - e. Unemployment
2. If no income has been earned/received, members age 18 years and older must:
  - a. Complete the Declaration of Income Statement.
3. Picture ID for applicant.
4. Current utility bills and any disconnection notices for: Electric, Gas, Water. Account must be active (not disconnected).
5. Current Section -8, Fort Worth/Arlington Housing and Food stamps (if applicable).
6. Social Security Cards for all household members (preferred but not required).
7. Proof of US Citizenship or Legal Resident. (Birth Certificate, U.S. Passport, Voter Registration Card, Certificate of Citizenship, Naturalization Certificate, etc.)

**IMPORTANT**

APPLICATIONS WILL NOT BE PROCESSED WITHOUT ALL REQUIRED DOCUMENTATION.

Applications can be mailed to:

City of Fort Worth  
Community Action Partners  
4200 South Freeway, Suite 2325  
Fort Worth, Texas 76115

Apartment \_\_\_\_\_ House \_\_\_\_\_

**CITY OF FORT WORTH  
COMMUNITY ACTION PARTNERS  
APPLICATION FOR SERVICES**

Monthly Rent \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Food Stamps: Yes or No Amount: \_\$ \_\_\_\_\_

CASE NO. \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

1 Are you a citizen or naturalized alien?      Y      N      (If answer is no please proceed to question 2)

2 Are you a registered immigrant?              Y      N

ADDRESS \_\_\_\_\_ Apt # \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ Apt # \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**BEGINNING WITH YOURSELF, LIST EVERYONE LIVING IN THE HOME**

	SS NUMBER	LAST NAME	FIRST NAME	MI	Date Of Birth			Relationship to Applicant	SEX	A G E	R A C E	Ethnicity- Hispanic or Latino? Yes or no	Highest Grade Completed	Health Insurance Yes or No	Disabled Yes/No	Veteran Yes/No
					M	D	Y									
1																
2																
3																
4																
5																

**CERTIFICATION**

- The household information is true and correct to the best of my knowledge and belief.
- Assistance is not guaranteed; I will continue to make payments on my bill.**
- I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
- I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit and verify information on my utility and/or fuel bills, both past and future, to the extent the information is used only to provide data.
- I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.**

CLIENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# CITY OF FORT WORTH COMMUNITY ACTION PARTNERS APPLICATION FOR SERVICES

## OTHER DATA AND HOUSEHOLD INCOME

							Office Use Only		
#	FIRST NAME	Receive Food Stamps	Farmer	Seasonal/ Migrant Farmer	Household Type	Housing Type	Source of Income	30 day total	Annualized
1	<b>***APPLICANT**</b>								
2									
3									
4									
5									
6									
7									
8									

**Household Type**

- 1 Single Parent - Female
- 2 Single parent - Male
- 3 Two Parent
- 4 Single Person**
- 5 Two Adults - No Children
- 6 Other

**Housing Type**

- B** Buying or own
- R** Renting
- H** Homeless

**Source of Income**

- NI** No Income
- SS** Social Security
- SSI** SSI
- VA** VA Benefits
- T** TANF
- F** Food Stamps
- E+** Employment Plus Any Above
- E** Employment Only
- UI** Unemployment Insurance
- P** Pension
- O** Other

	Subtotal Income \$	
	Total from page 2 B \$	
<b>TOTAL HOUSEHOLD INCOME \$</b>	<b>\$</b>	<b>-</b>

**CITY OF FORT WORTH  
COMMUNITY ACTION PARTNERS  
APPLICATION FOR SERVICES**

**UTILITY SERVICE INFORMATION**

**Electric Service:**

\_\_\_\_\_  
Name of Vendor  Heat  Cool

\_\_\_\_\_  
Account Number  Heat  Cool

**Natural Gas OR  
Propane Company:**

\_\_\_\_\_  
Name of Vendor  Heat  Cool

\_\_\_\_\_  
Account Number  Heat  Cool

**Other:**

\_\_\_\_\_  
Name of Vendor  Heat  Cool

**Type of Air Conditioning**

- Window Unit # \_\_\_\_\_
- Central Unit
- Evaporative Cooler
- None

**Type of Heating**

- Space Heater # \_\_\_\_\_
- Central Unit
- Wall Furnace
- Electric Heaters
- Fire Place
- Wood Burning Stove
- Stove
- Other
- None

**HOUSING INFORMATION**

**If Client rents:** Rent \_\_\_\_\_ per \_\_\_\_\_

**Utilities Included?**  Yes  No

**Subsidized or Public?**  Yes  No

- Type of Housing**
- Private Home
  - Mobile Home
  - Apartment
  - Renter Farm
  - Subsidized

**If client owns/buying;** Mortgage/month \_\_\_\_\_

- Type of Housing**
- Private Home
  - Mobile Home

**House Built what year** \_\_\_\_\_

**Energy Burden:** \_\_\_\_\_ **Priority:** \_\_\_\_\_

**TO BE FILLED BY WAP STAFF ONLY:**

LIHEAP

DOE

TACAA

ARRA

ATMOS

\_\_\_\_\_  
CASE WORKER'S SIGNATURE

\_\_\_\_\_  
DATE

**CITY OF FORT WORTH  
COMMUNITY ACTION PARTNERS  
QUESTIONNAIRE AND NEEDS ASSESSMENT**

CLIENT:	CSBG CASE #						
DATE:	CASE WORKER:						
CENTER:							
Does household receive food stamps? _____ If yes, how much? \$ _____							
Do you know who to contact for emergency (i.e., food, clothing, shelter, utilities, medical care)? _____							
Do you have a plan for financial stability? _____							
If yes, please explain:							
Are you currently receiving Child Support? _____ If yes, how much per month \$ _____							
Does everyone in the household have medical insurance? _____							
Has someone in your household needed dental/or prescription assistance but could not afford it? _____							
Has anyone in your home been beaten, shoved, physically or emotionally hurt by another household member?							
Do you utilize food Banks or mobile food pantries to help with your food needs? _____							
Do you live in a ( CHECK ONE) <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> mobile home <input type="checkbox"/> subsidized or public							
Are you receiving subsidized housing assistance? _____							
Have you received Weatherization services? _____ If yes, when _____							
Do you have smoke detectors in your home?							
Type of cooling: _____ Central _____ # of window units _____ evaporative cooler _____ none							
Type of heating: _____ Central _____ # of space heaters _____ wall furnace _____ stove							
Are you currently working? _____							
Are you unemployed and have never had a steady job? _____							
Are you unemployed but have recently been laid off or lost your job within the last 6 months? _____							
Are you currently in school? _____							
Have you participated in any Vocational Training Programs? _____ College? _____							
Do you have a degree or certification? _____							
Do you have reliable transportation? _____							
<b>SECTION FOR OVER 60 OR DISABLED ONLY</b>							
Who manages your finances? _____							
Do you receive Meals on Wheels? _____ Would you like to? _____							
Do you attend a senior Citizen Center? _____							
Can you afford to make home repairs as needed? _____							
Do you have someone who can help you if needed? _____							
<b>MONTHLY HOUSEHOLD EXPENSES –How much did you spend last month on:</b>							
RENT/MORTGAGE		FOOD		TELEPHONE		CABLE/INTERNET	
CAR PAYMENT		CLOTHING		AUTO GAS		FURNITURE	
CHILD CARE		MEDICAL		CREDIT CARDS		SPECIAL PAYMENTS	
TOLIETRIES		UTILITIES		TAXES			
INSURANCES: LIFE		MEDICAL		CAR		HOME	
Total Expenses \$							
<b>For Office Use Only:</b>							
Annual Income \$ _____		Poverty Level _____%		Case Management Eligible? Yes No			

Needs Identified: Housing \_\_\_\_\_ Utilities \_\_\_\_\_ Employment \_\_\_\_\_ Food \_\_\_\_\_  
 Diploma/GED \_\_\_\_\_ Training/College \_\_\_\_\_ Home Repairs \_\_\_\_\_  
 Parenting skills \_\_\_\_\_ Mental Health \_\_\_\_\_ Adult/Child care \_\_\_\_\_



**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**

[www.tdcha.state.tx.us](http://www.tdcha.state.tx.us)

**Systematic Alien Verification for Entitlements (SAVE) System  
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.

**Are you a US Citizen (born or naturalized)?** Yes \_\_\_\_\_ or No \_\_\_\_\_

Persons born in Puerto Rico, Guam, the US Virgin Islands, American Samoa, Swains Island (or their descendents) are considered citizens).

**Caseworker: Describe documentation reviewed** \_\_\_\_\_

or

**Are you a legal resident of the US?** Yes \_\_\_\_\_ or No \_\_\_\_\_

If the client answer to question #2 is yes and the client has documentation, Agency must proceed with Systematic Alien Verification for Entitlements Program (SAVE) verification process.

**My legal residency is based on my status as a:**

- \_\_\_\_\_ Lawful Permanent Resident (LPR)
- \_\_\_\_\_ Asylee
- \_\_\_\_\_ Parolee
- \_\_\_\_\_ Person with Deportation (or Removal) Withheld
- \_\_\_\_\_ Conditional Entrant
- \_\_\_\_\_ Cuban or Haitian Entrant
- \_\_\_\_\_ Battered Non-Citizen
- \_\_\_\_\_ Refugee
- \_\_\_\_\_ Trafficking Victim
- \_\_\_\_\_ Iraqi or Afghan Special Immigrant (SI)

*Under penalty of perjury, I certify that I am a U.S. citizen, a non-citizen national, or a legal resident of the United States.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicants answering "No" to both questions are not eligible for CEAP or WAP services and must be given a denial letter explaining their rights to appeal.

# COMMUNITY ACTION PARTNERS HANDBOOK

## APPLICANT RIGHTS AND RESPONSIBILITIES

Each applicant will receive copies of the Rights and Responsibilities when completing the application. A signed copy will be placed in the file and the applicant will retain a copy.

### Applicants have a right to:

- 1) Apply for assistance from Community Action Partners (CAP) if they live in Tarrant County and funding is available for the assistance they request;
- 2) Courteous Service and have the request completed in a timely manner;
- 3) A clear explanation of services offered by CAP and eligibility criteria for those services;
- 4) Confidentiality of information obtained during the application process. To facilitate coordination of services, communication with other agencies, utility providers, apartment complexes, etc. will not be considered a breach of confidentiality. Information provided on the application forms or during the application process are subject to verification after the applicant voluntarily signs a Release of Information form;
- 5) Requests help obtaining the required documents/verification and receive reasonable assistance by CAP staff toward obtaining that information. Such help includes but is not limited to: providing alternate means such as Fax, e mail or providing a self addressed envelope for receipt of information, assistance requesting information from social service or government agencies, etc. However, final responsibility for obtaining the necessary information belongs to the applicant;
- 6) Receive certain materials from their files or agency policies (subject to payment of reasonable copying fees). Request must be in writing and will be reviewed by the Program Coordinator and may be reviewed by the District Superintendent or Assistant Director
- 7) Refuse services;
- 8) Review/Appeal decisions made regarding their application.
  - i) Informal review is available if the applicant was denied assistance or disputes the amount of assistance provided. This review will be provided by the Program Coordinator, District Superintendent or Assistant Director; the request may be verbal or written.
  - ii) Formal review is available if the applicant was denied assistance or disputes the amount of assistance provided when requested in writing within ten (10) days of receiving the notice of adverse action. The Program Coordinator will arrange for a panel hearing of the appeal. The panel will consist of the Program Coordinator (non-voting) and three (3) persons chosen from the following:
    - a. The Assistant Director or District Superintendent
    - b. A member of the Community Action Partners Council
    - c. An Administrative Staff person
    - d. A Center Coordinator
    - e. A Case Worker

The applicant may have another party present at the hearing to provide information and/or advocacy.

### Applicants have a responsibility to:

- 1) Provide required information to verify eligibility for assistance whenever the case is opened or reopened;
- 2) Cooperate in deciding and implementing the plan of action. It represents what the applicant is expected to do to help them self;
- 3) Report any changes in the household – income, number of people in home, etc. which may affect eligibility;
- 4) Report any change in utility provider when receiving utility assistance;
- 5) Provide truthful statements regarding financial, social or personal data. Fraud is a reason for denial or termination of services. Clients may be required to repay any benefits received as a result of providing untrue information. All information is subject to verification with employers, landlords, and medical professionals among others;
- 6) Appear for the appointment on time. Applicants who are more than 10 minutes late will be instructed to call the appointment phone number to reschedule. Applicants who miss three (3) appointments will not be able to reschedule for 30 days.
- 7) Treat agency staff with respect: abusive language, threats, violent acts, use of alcohol, drugs or other intoxicants will not be tolerated. Violators will be asked to leave; police/security will be called if applicant refuses to leave. Repeat offenses may lead to denial of assistance for a period of time.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAP Staff Signature

\_\_\_\_\_  
Date



CLIENT CONSENT AND  
RELEASE OF INFORMATION

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to \_\_\_\_\_ Community Action Partners \_\_\_\_\_ (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use MAACLink will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I receive services from Homeless Prevention Rapid Re-Housing Federal Stimulus (HPRP) Funds, my information may be viewed by other participating agencies across Continuums of Care.

Client Name (Printed)	Client Signature	Date

Agency Representative Name (Printed)	Agency Representative Signature	Date





**CITY OF FORT WORTH  
COMMUNITY ACTION PARTNERS**

**RELEASE OF INFORMATION/  
PERMISO PARA OBTENER INFORMACION DEL CLIENTE**

You have requested financial assistance from Community Action Partners (CAP) which requires that CAP obtain additional information. By signing this agreement you are authorizing CAP to release and/or obtain information necessary to determine eligibility. CAP may request any non-medical information CAP or responding businesses and agencies may have in their possession including, but not limited to, names, account information, addresses, payment history, income, social security numbers, household members, employment and educational status.

You agree to release, indemnify defend and hold CAP, its agents, employees, officers and affiliates harmless from all claims, liabilities and expenses, including attorney's fees from claims relating to or arising under the programs administered by CAP.

This information is to be used **only** for the purposes of determining eligibility and coordinating services and includes information released and stored electronically.

This Agreement will terminate 12/31/2017 unless revoked in writing by either party.

This Agreement shall be construed in accordance with the laws of the State of Texas. All disputes arising from the use of the Agreement shall be resolved in a court located in Tarrant County, Texas without reference to conflict of laws or choice of laws statute.

*Usted a solicitado asistencia financiera de la Community Action Partners (CAP), que exige que CAP obtener información adicional. Con la firma de esta forma se le autoriza a la CAP a la liberación y / o obtener la información necesaria para determinar su elegibilidad. CAP puede solicitar información, pero no médica, o responder a las empresas y los agencias que tenemos, incluyendo, pero no limitado a, su nombre, información de cuenta, direcciones, historia de pagos, ingresos, número de seguridad social, los miembros de la familia, el empleo y nivel educativo.*

*Usted está de acuerdo en liberar, indemnizar y mantener la defensa de la CAP, sus agentes, empleados, funcionarios y afiliados de todas las reclamaciones, obligaciones y gastos, incluidos los honorarios del abogado de las reclamaciones relativas a los derivados o bajo los programas administrados por el CAP.*

*Esta información se utilizará **únicamente** para los fines de determinar la elegibilidad y la coordinación de servicios, incluida la libertad de información y se almacena electrónicamente.*

*Este Contrato se resolverá el 12/31/2017 a menos que revocado por escrito por cualquiera de las partes.*

*El presente Acuerdo se interpretará de conformidad con las leyes del Estado de Texas. Todos los conflictos derivados de la utilización del Acuerdo será resuelta en un tribunal situado en el Condado de Tarrant, Texas, sin referencia al conflicto de leyes o la elección de las leyes de estatuto.*

\_\_\_\_\_  
**Client Name Printed/Imprimir Nombre del Cliente**

\_\_\_\_\_  
**Client Signature/ Firma del Cliente**

\_\_\_\_\_  
**Date/Fecha**

**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 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):*

---



---



---

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 proveido información falsa ó fraudulenta.)*

\_\_\_\_\_  
*(Applicant Signature/Firma del Solicitante)*

\_\_\_\_\_  
*(Date/Fecha)*