

DOUBLE MOUNTAIN OUTREACH SERVICES

ASPERMONT SMALL BUSINESS DEVELOPMENT CENTER, INC.
9660 U.S. Hwy 83 South Phone: (940) 989-3538
Aspermont, TX 79502 Fax: (940) 989-3445
Email: outreach@asbdc.net

PLEASE KEEP THIS PAGE SO YOU CAN HAVE OUR CONTACT INFORMATION HANDY.

FUNDING AVAILABILITY: Funding from the State of Texas has to be made available to us in order for us to help you with EA (Energy Assistance). Those funds will be completely spent eventually. When this happens, we will be unable to pay your energy bills and you will be placed on a waiting list. If we were to receive additional or unexpected funding in the future, it will be a good thing for you to be on the waiting list. Also, we have other funding that has nothing to do with energy bills, so you will want to apply for those services. In other words, it would be better to turn in your application than not. The possibility of help in the future is worth it.

Double Mountain Outreach Services (ASBDC) serves six counties in our area. There is an unavoidable waiting period for processing the overwhelming number of applications we receive in the first quarter of each year. It's important that you understand that it takes time for agency staff to work through the application process.

The DMOS staff will work as quickly as possible to process applications, in the order received but also according to priority status (poverty level, vulnerability, high energy burden & energy costs). Having a disconnect notice does not place you in a priority group. Thank you for your patience with us and do call us if you have questions about how to complete the application.

WARNING:

**HAVING A DISCONNECT NOTICE DOES NOT MEAN
THAT YOU WILL RECEIVE AN IMMEDIATE PLEDGE.**

YOU MUST CONTINUE TO PAY YOUR PAST DUE BILLS TO MAKE SURE THAT YOUR UTILITIES WILL NOT BE DISCONNECTED while you are waiting for your case to be processed. Work with your utility company, make payment plans, and so on. Use caution: if you make a payment plan, be sure to make your payments on time to keep your services on.

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9660 U.S. 83 SOUTH ASPERMONT, TX 79502
Phone (940) 989-3538 Fax (940) 989-3445

WEBSITE: www.doublemountainervices.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, dated and has proper postage if returning by mail.
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 or 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 are 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 if one was not included with the app.
- 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 MAILING, YOU MUST PAY POSTAGE. IF YOU MAIL THIS APP WITH NO POSTAGE OR INADEQUATE POSTAGE, IT WILL NOT BE DELIVERED TO US BY THE POSTAGE SYSTEM.

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/emailed to you, if one is not already enclosed here.

CLIENT INTAKE / APPLICATION

HEAD OF HOUSEHOLD IDENTIFICATION

Email _____

Applicant Name _____
First Last MI

Soc. Security # _____

Home/Cell Phone: _____

Date of Birth _____

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 Non-related Adults w/children
 Multi-generational (3 or more generations together or grandparents raising grandchildren)
 Homeless Other (describe): _____

HOUSING INFORMATION

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

Do you rent your home? Yes No

If you do rent: 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: 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.**

<p>HOUSEHOLD MEMBER NAME</p> <p>& please be sure to put what the RELATIONSHIP is to Applicant</p> <p>(self, spouse, partner, child, grandchild, stepchild, foster child, cousin, sibling, niece, nephew, uncle, aunt, parent, boyfriend, girlfriend, or fiancée, etc.)</p>	<p>Social Security Number:</p>	<p>AGE:</p>	<p>Date of Birth:</p>	<p>G E N D E R</p>	<p>Race:</p> <p>1. Amer Indian or Alaska Native 2. Asian 3. Black/Afr. American 4. Native Hawaiian or Pacific Islander 5. White 6. Other 7. Multi-Race</p>	<p>Ethnic Group:</p> <p>1. Hispanic, Latino or Spanish Origin 2. NOT Hispanic, Latino or Spanish Origin</p>	<p>Education Level COMPLETED:</p> <p>1. Grade 0-8 2. Grade 9-12 3. HS Graduate 4. GED 5. 12th grade + some college/trade 6. 2 or 4 year college degree 7. Master's degree</p>	<p>Military Status:</p> <p>1. Active 2. Veteran 3. Never Served</p>	<p>Disabled:</p> <p>Yes or No</p>	<p>Please list the <u>KIND</u> of health insurance each member has. DO NOT LIST THE NAME OF YOUR INS. COMPANY, just the type of ins. If a member has none, put "none." Medicaid, Medicare, CHIPS, Adult's State Health Ins, Military, Employer-based, or from healthcare.gov web marketplace</p>

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 hrs + per week) <input type="checkbox"/> Part-time (less than 30 hrs per week) <input type="checkbox"/> Unemployed less than 6 mo. <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Unemployed more than 6 mo. <input type="checkbox"/> Retired <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Other: Explain _____ </p>	<p>Household member name:</p> <p> <input type="checkbox"/> Full time (30 hrs + per week) <input type="checkbox"/> Part-time (less than 30 hrs per week) <input type="checkbox"/> Unemployed less than 6 mo. <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Unemployed more than 6 mo. <input type="checkbox"/> Retired <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Other: Explain _____ </p>
<p>Income Type:</p> <p> <input type="checkbox"/> SS <input type="checkbox"/> Retirement Pension <input type="checkbox"/> SSI <input type="checkbox"/> Worker's Comp <input type="checkbox"/> SSDI <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> VA Pension <input type="checkbox"/> Cash Child Support (amount \$ _____) <input type="checkbox"/> VA Disability <input type="checkbox"/> Att. Gen. Child Support <input type="checkbox"/> Cash/Odd Jobs <input type="checkbox"/> Self Employed <input type="checkbox"/> No Income <input type="checkbox"/> TANF Other: Explain _____ </p>	<p>Income Type:</p> <p> <input type="checkbox"/> SS <input type="checkbox"/> Retirement Pension <input type="checkbox"/> SSI <input type="checkbox"/> Worker's Comp <input type="checkbox"/> SSDI <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> VA Pension <input type="checkbox"/> Cash Child Support (amount \$ _____) <input type="checkbox"/> VA Disability <input type="checkbox"/> Att. Gen. Child Support <input type="checkbox"/> Cash/Odd Jobs <input type="checkbox"/> Self Employed <input type="checkbox"/> No Income <input type="checkbox"/> TANF Other: Explain _____ </p>
<p>Non-Cash Benefits:</p> <p> <input type="checkbox"/> SNAP (food stamps) <input type="checkbox"/> WIC <input type="checkbox"/> Affordable Care Act (healthcare.gov/Heath Ins. Marketplace) <input type="checkbox"/> Child Care/Daycare Subsidy <input type="checkbox"/> Public Housing (from Housing Authority) <input type="checkbox"/> Other Housing Assistance Explain: _____ <input type="checkbox"/> Other Explain: _____ </p>	<p>Non-Cash Benefits:</p> <p> <input type="checkbox"/> SNAP (food stamps) <input type="checkbox"/> WIC <input type="checkbox"/> Affordable Care Act (healthcare.gov/Health Ins. Marketplace) <input type="checkbox"/> Child Care/Daycare Subsidy <input type="checkbox"/> Public Housing (from Housing Authority) <input type="checkbox"/> Other Housing Assistance Explain: _____ <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. Details: _____</p>	

WORK STATUS AND INCOME INFORMATION FOR ADULTS (AGE 18+) ANSWER ALL QUESTIONS ABOUT EVERY ADULT (no blanks.)

<p>Household member name:</p>	<p>Household member name:</p>
<p> <input type="checkbox"/> Full time (30 hrs + per week) <input type="checkbox"/> Part-time (less than 30 hrs per week) <input type="checkbox"/> Unemployed less than 6 mo. <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Unemployed more than 6 mo. <input type="checkbox"/> Retired <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Other: Explain _____ </p>	<p> <input type="checkbox"/> Full time (30 hrs + per week) <input type="checkbox"/> Part-time (less than 30 hrs per week) <input type="checkbox"/> Unemployed less than 6 mo. <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Unemployed more than 6 mo. <input type="checkbox"/> Retired <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Other: Explain _____ </p>
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<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>	

UTILITY INFORMATION

Electric Service Vendor: _____ Acct #: _____ Heat/Cool/Both/None

Name on Account: _____ Relationship to you: _____

Natural Gas Vendor: _____ Acct #: _____ Heat/Cool/Both/None

Name on Account: _____ Relationship to you: _____

Do you pay your own WATER bill? **YES or NO** If yes, water vendor is: _____

Name on Account: _____ Relationship: _____ Acct #: _____

AIR CONDITIONING INFORMATION (If you use more than one method, select each and every method you use.)

What type of air conditioners do you use at this time?

- Central unit Evaporative ("swamp") cooler Window Unit

How many air conditioners do you use? _____ **Does air conditioning work?** _____

How old is your air conditioner? _____

HEATING INFORMATION (If you use more than one method, select each and every method you use.)

What type of heating do you use at this time?

- Electric Central Heat (no gas) Central Heat (does use both gas & electricity)
 Electric Space Heaters Gas Wall Heater (mounted on wall)
 Wood-burning Stove or Fireplace Gas Space Heater or Gas Fireplace

Please explain any other methods of heating: _____

How old is your heater? _____ **Does heating work?** _____

This next section is ONLY for propane users who have propane DELIVERED DIRECTLY TO THEIR HOME BY TRUCK.

The word "tank" refers to a large tank permanently set in your yard, NOT PORTABLE BOTTLES OR CANISTERS.

Propane Delivery Company: _____ Do you own the tank? Yes _____ No _____

What is your propane gauge reading at the time of this application? _____% (tank, not bottles)

What is the gallon size of your propane tank? (Circle one) 100 150 250 500 (tank, not bottles)

Do you use propane from a **tank** for cooking? yes _____ no _____ For water heater? Yes _____ No _____

Do you heat your home with a propane (**tank**)? If yes, please circle below HOW you heat your home.

- Propane Space heater Propane Wall heater Central unit uses both propane and electricity

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 solicit/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 the most important needs that your family is currently experiencing. Based on your responses, this information will be used to better identify what resources you may need to be connected with. 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 or a check mark in the box to show that you or your family needs a particular item. If not, leave it blank.

Domain/Category	Are you in need of the following:	<u>Yes</u>, I need this	Office Use for Referrals
<i>Employment</i>	Help finding a job		
	Help finding job skills training in order to earn better wages		
<i>Education</i>	Information about GED classes		
	Assistance to attend trade/technical school or college (textbooks, tuition)		
	Childcare so that parent can attend school/work		
<i>Income & Asset Building</i>	Referral to Social Security, Disability (SSDI), TANF, SNAP, etc. for applying		
	Assistance with financial goals & becoming self-sufficient		
	Financial education/budgeting classes/credit repair		
<i>Housing</i>	Help paying rent (such as an eviction notice)		
	Information on Low-Income Housing locations		
	Help with utility bills (electric, gas or propane)		
	Help with repairs / replacement of non-working heating or cooling appliances		
	Help with a water disconnect notice		
	Weatherization Assistance Program: helps to make my home more energy efficient by preventing air from escaping or entering my home (call 940-633-0852)		
<i>Health & Social Behavioral Development</i>	Help with getting a vision exam & eyeglasses		
	Help with getting a dental exam & treatment		

	Needs	Yes, Needed	Office Use/Referral
Health & Social Behavioral Development	Prescription assistance		
	Help with immunizations		
	Referral to Mental Health Services		
	Nutrition education/healthy eating workshops (example: diabetes, high blood pressure, etc.)		
	Food for your family (example: food pantry box)		
	Information about alcohol/drug addiction programs		
Other Needs	Transportation for errands, medical appointments, & more		
	Help getting referred to the Attorney General for child support assistance (call 800-252-8014)		
	Information about finding help for legal needs (criminal, civil, other)		
	Information for veterans: medical, training, & other needs		

Other Needs Not Listed Above:

Your opinion, please:
We are considering starting a new service, if there is enough interest. If possible, we would like to begin offering personal hygiene products to our clients. The products could potentially be things such as shower/hand soap, shampoo, toothbrush, toothpaste, laundry and first-aid supplies. Would you be interested in receiving this service? ____ yes ____ no

* _____
Signature

* _____
Date



Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
 Applicant Certification Form for CEAP, DOE-WAP, LIHEAP-WAP Subrecipients, and SHTF, ESG, HHSP, EH (political subdivision only)

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	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship/Qualified Alien	Identification

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

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

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Applicant's Signature

Date

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Signature of agency staff certifying they verified the above documents

Print Staff Name

Date