

DOUBLE MOUNTAIN OUTREACH SERVICES
ASPERMONT SMALL BUSINESS DEVELOPMENT CENTER, INC.
9660 U.S. 83 SOUTH ASPERMONT, TX 79502
Phone (940) 989-3538 Fax (940) 989-3445

WEBSITE: www.doublamountainservices.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 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 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.

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>+</p> <p>Relationship to Applicant</p> <p>(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</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 or Eskimo/Aleut</p> <p>2. Asian</p> <p>3. Black or African American</p> <p>4. Native Hawaiian or Pacific Islander</p> <p>5. White</p> <p>6. Other</p> <p>7. Multi-Race</p>	<p>Ethnicity:</p> <p>1. Hispanic, Latino or Spanish Origin</p> <p>2. NOT Hispanic, Latino or Spanish Origin</p>	<p>Education:</p> <p>1. Grade 0-8</p> <p>2. Grade9-12</p> <p>3. HS Grad</p> <p>4. 12th grade + some Post Sec</p> <p>5. 2 or 4 year college</p> <p>6. Grad school</p>	<p>Military Status:</p> <p>1. Active</p> <p>2. Veteran</p> <p>3. Never Served</p>	<p>Disabled:</p> <p>Yes</p> <p>or</p> <p>No</p>	<p>Please list all the kinds of health insurance each member has. <u>If there is none, write "none."</u></p> <p>Medicaid, Medicare, CHIPS, State Health Ins. For Adults, Military, Direct purchase by you or Direct purchase by your employer for you</p>

**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 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 Subsidy <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 Subsidy <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. Be detailed in the blank below.</p>	

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

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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 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 what most important needs your family is currently experiencing. Based on your responses, this information will be used to better identify what resources to connect you 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:

Domain/Category	Needs	No, Not Needed	Yes, Needed	Office Use/Referral
Employment	Help finding a job			
	Help finding job skills training in order to earn better wages			
Education	Information about GED classes			
	Assistance to attend trade/technical school or college (textbooks, tuition)			
	Childcare so that parent can attend school/work			
Income & Asset Building	Referral to Social Security, Disability (SSDI), TANF, SNAP, etc. for applying			
	Assistance with financial goals & becoming self-sufficient			
	Financial education/budgeting classes/credit repair			
Housing	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)			
Health & Social Behavioral Development	Help with obtaining vision exam & eyeglasses			
	Help with obtaining dental exam & treatment			

	Needs	No, Not Needed	Yes, Needed	Office Use/Referral
Health & Social Behavioral Development	Prescription assistance			
	Help with immunizations			
	Referral to Mental Health Services			
	Nutrition education/healthy eating workshops (ex: diabetes, high blood pressure, etc.)			
	Prepared Meals (for those age 65+ or the disabled/handicapped)			
	Food for your family (ex: 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:

* _____
Signature

* _____
Date

