



APPLICATION FOR SERVICES

PART SEVEN – CERTIFICATION/CERTIFICACION

1. **The information provided is true and correct to the best of my knowledge and belief.**
La informacion proveida en esta forma es correcta segun mi mayor entendimiento.
2. **My household income has been annualized at the time of application, according to pre-established agency procedures.**
Los ingresos de mi hogar han sido calculados anualmenie segun los reglamentos preescritos por la agencia.
3. **I understand I may request a hearing to appeal a denial of eligibility or a delay of service delivery.**
Comprendo que puedo solicitar una audiencia para apelar decisions que me afectan, tales como: la elegibilidad al programa.
4. **I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to solicit/verify information on my request for assistance to the extent the information is used only to provide data.**
Autorizo al "Texas Department of Housing and Community Affairs" y sus agencias contratadas a solicitar y verificar informacion pidendo ayuda para asistencia cuando la informacion se usa para reporter data estadistica.
5. **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 falsa incorrecta.

Applicant's Signature/Firma de Solicitante

Date/Fecha

Are you or any member of your family employed by CSI or currently serving as a member of CSI Board of Directors?

Yes No Not Sure

Applicant's Signature /Firma de Solicitante

Date /Fecha

**DECLARATION OF INCOME STATEMENT (DIS)
(DECLARACION DE INGRESOS)**

DIS GUIDANCE

For CA Programs, all Subrecipients shall base annualized eligibility determinations on the following criteria:

- Household income must be collected from the 30 day period prior to the date of application for assistance.
- Documentation of income must be collected from all sources for all household members, age 18 and older, for the entire 30 day period prior to the date of application.
- To annualize income, take income for all income sources that must be included and calculate based on guidance in Texas Administrative Code, Title 10, Part 1, Chapter 6, Subchapter A, Rule §6.4.
- If proof of income is **unobtainable**, the applicant must complete and sign a Declaration of Income Statement (DIS).
- The DIS must also be used for household members with **zero income**.
- **Reminder:** DIS form must be notarized for DOE WAP clients.

In order to use the DIS form, each Subrecipient must develop and implement a written policy and procedure on the use of the DIS form, per 10 TAC §6.4. The Department will review the written policy and its use during monitoring reviews. In developing the policy and procedure, Subrecipients should give consideration to limiting the use of the DIS form to cases where there are serious extenuating circumstances that justify the use of the form. Such circumstances may include:

- crisis situations such as when an applicant is affected by a natural disaster which prevents the applicant from obtaining income documentation;
- applicants that flee a home due to physical abuse;
- applicants who are unable to locate income documentation of a recently deceased spouse, or whose work is migratory or seasonal in nature.

The Subrecipient must document agency and client efforts to obtain documentation before the decision to use the DIS is taken. The posted DIS form includes a description of why no income documentation is available, and also includes a requirement to list the gross amount of income earned during the 30 day period prior to the date of application **for each member of the household 18 years and older**. The form must be signed by the applicant.

INQUIRIES

Questions or inquiries on this issue shall be directed to the [Community Affairs Division](#).

**DECLARATION OF INCOME STATEMENT (DIS)
(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)



Community Services, Inc.
A Community Action Agency

Client Name: _____ HH ID: _____

Release of Information

I give permission to Community Services, Inc. to share any information necessary with other individuals or organizations in order to provide case management services and secure resources on my behalf. I understand that information will only be shared when necessary to meet the requirements of my established service plan.

I authorize Community Services, Inc. to share my educational and employment records with individuals and organizations as needed.

Client Signature: _____ Date: _____

Print Name: _____



Case Management Program Agreement

I agree to participate in the Case Management Program offered by this agency and commit to completing the steps necessary to achieve my goals in order to improve my self-sufficiency. I understand that I need to be an active participant in services in order to achieve the goals that I establish. I also understand that members of my household will be active participants in Case Management Services.

I agree to contact my case manager, by either phone or email, as required and to meet at least once a month with my case manager.

I provide consent to my case manager to contact others service providers in order to coordinate the services.

I understand that failure to actively participate in the achievement of my goals may result in termination from the Case Management Program.

Client Signature: _____ Date: _____

Print Name: _____

Case Worker's Signature: _____ Date: _____

Print Name: _____



Termination of Services Notice / Aviso de terminación de servicios

Client Name / Nombre del cliente:

This notice is to inform you that you will be terminated from the CSBG Program immediately for the following offenses if committed by you, the applicant or any household member:

Este aviso es para informarle que se cancelara este programa inmediatamente por los siguientes delitos cometido por usted, el solicitante o cualquier miembro del hogar:

1. Belligerent or threatening behavior toward a staff member or any other person(s) while inside or outside any CSI office. (1 Year)

Comportamiento beligerante o amenazante hacia un miembro del personal o cualquier otra persona mientras dentro o fuera de cualquier oficina CSI. (Uno Ano)

2. Verbal abuse to include profanity towards someone or in the presence of a staff member or any other person(s) while inside or outside any CSI office. (1 Year)

Insultos a parte a o en presencia de un miembro del personal o cualquier otra persona (s) mientras que dentro o fuera de cualquier oficina CSI. (Uno Ano)

3. Any type of actual physical confrontation toward a staff member or any other person(s) while inside or outside any CSI office. (2 Years)

Cualquier tipo de confrontación física real hacia un miembro del personal o cualquier otra persona mientras dentro o fuera de cualquier oficina CSI. (Dos Anos)

4. Providing false or misleading information regarding any household member(s). (2 Years)

Proporcionar falsa o engañosa información con respecto a cualquier miembro del hogar. (Dos Anos)

I acknowledge that once terminated, I will not be allowed to reapply for any services with Community Services Inc. for a period of 1 — 2 years depending on the severity of the violation; and the ban from services will remain in effect even if the person(s) who committed the violation moves out.

I acknowledge that all documentation of the violation will be maintained in my client file.

Applicant has a responsibility to:

1. Provide required information to verify eligibility for assistance whenever the case is opened or reopened.

2. Report any changes in the household – income, number of people in home, etc. which may affect eligibility.

Client Signature

[Redacted Signature]

Date

[Redacted Date]

CHILD SUPPORT IT'S FOR YOUR CHILDREN

TO APPLY FOR CHILD SUPPORT: CALL 1-800-252-8014

BY EMAIL: CHILD.SUPPORT@OAG.STATE.TX.US

FOR HEARING IMPAIRED: 1-800-572-2686

Client Name: _____ Date: _____



Self-Sufficiency Customer Questionnaire

(or use your Customer Intake Application to complete the Self-Sufficiency Outcomes Matrix and to assess a customer's status in the areas of employment, job skills education, income, housing, food, utilities, child care, child and family development, transportation, healthcare, and health insurance)

Please mark each answer that most closely reflects your situation in the following areas:

Employment	Housing
<input type="checkbox"/> Full-time employment above minimum wage: <input type="checkbox"/> Full-time employment at minimum wage: <input type="checkbox"/> Part-time employment <input type="checkbox"/> Unemployed <input type="checkbox"/> with benefits <input type="checkbox"/> without benefits	<input type="checkbox"/> Own my home and it is: <input type="checkbox"/> Paid in full <input type="checkbox"/> in foreclosure <input type="checkbox"/> can make payments <input type="checkbox"/> cannot make payments
Education	Housing
<p>Job Skills/Certs Outcomes</p> <input type="checkbox"/> I have a certification or license from a program that took: <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> I am presently attending a training program in: Name of program: <input type="checkbox"/> I have on-job training in: Job type: <input type="checkbox"/> I have been out of the work force for awhile How long? <p>GED/College Outcomes</p> <input type="checkbox"/> College Degree(s): <input type="checkbox"/> Masters <input type="checkbox"/> Bachelors <input type="checkbox"/> Associates <input type="checkbox"/> Post-high school credits, vocational or technical education <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> No HS diploma or GED and lacking basic skills	<input type="checkbox"/> Rent home or apartment: <input type="checkbox"/> of choice <input type="checkbox"/> all I can afford <input type="checkbox"/> no affordable <p>Subsidized housing: Section 8-Public Housing</p> <input type="checkbox"/> Live with others, and it is: <input type="checkbox"/> permanent <input type="checkbox"/> temporary <input type="checkbox"/> safe <input type="checkbox"/> unsafe <input type="checkbox"/> Living in a shelter that is: <input type="checkbox"/> safe, 30 day shelter <input type="checkbox"/> unsafe shelter <input type="checkbox"/> Homeless Housing utilities are: <input type="checkbox"/> able to be paid each month <input type="checkbox"/> often have a carry-over balance <input type="checkbox"/> about to be disconnected <input type="checkbox"/> unable to be paid due to large balance
Income	Health
<input type="checkbox"/> I (we) live: <input type="checkbox"/> independently <input type="checkbox"/> dependent upon assistance Health insurance is: <input type="checkbox"/> employer provided w/co-pay <input type="checkbox"/> paid out of pocket <input type="checkbox"/> thru Medicare; Medicaid <input type="checkbox"/> do not have any Food is: <input type="checkbox"/> adequate to meet family need <input type="checkbox"/> dependent upon federal food benefits <input type="checkbox"/> scarce to non-existent <input type="checkbox"/> subsidized (food pantry, Meals on Wheels)	Health insurance is: <input type="checkbox"/> employer provided w/co-pay <input type="checkbox"/> paid out of pocket <input type="checkbox"/> thru Medicare; Medicaid <input type="checkbox"/> do not have any Food is: <input type="checkbox"/> adequate to meet family need <input type="checkbox"/> dependent upon federal food benefits <input type="checkbox"/> scarce to non-existent <input type="checkbox"/> subsidized (food pantry, Meals on Wheels)

Self-Sufficiency Outcomes Matrix

Benchmark	Employment		Job Skills/Certs		Education		Income		Housing		Health/ Behavioral	
	Outcomes	FNPIs	Outcomes	FNPIs	Outcomes	FNPIs	Outcomes	FNPIs	Outcomes	FNPIs	Outcomes	FNPIs
Thriving	FT employed at living wage or higher, with benefits	1e, 1f, 1g, 1h, 3	Certification or license from a 2-3 year program	2h	Post-secondary degree: Masters or Doctorate	2j	Purchased a home	3e.1, 3f, g	Own Home	3e.1	Live independently; Health insurance with low co-pay; in good health; foods of choice	
			Certification or license from a training program of 3 years or longer		Post secondary degree: Bachelors		Has savings to purchase an asset	3e	Housing of choice			
Safe	FT employed above minimum wage	1b, 1c, 1h.1, 1h.2	Certification or license from a training program of 1 years	2h	Post-secondary degree: Associates	2i	Increases savings/IDA	3d	Living in non-subsidized house		Maintain independence with some private or Affordable Care Act health insurance; in good health; adequate food sources	5a, 5b, 5 5g, 5h
					Post High School credits, vocational or tech training	2h	Opens a savings account or IDA	3c	Living in non-subsidized rental			
Stable	FT employed at minimum wage with benefits	1b, 1c, 1h.3	Certification or license from a less than 1 year program	2h	High School Diploma	2g	Able to maintain capacity to meet basic needs for 90 days	3a, 3b	Safe/secure housing: Section 8, subsidized housing, public housing	4b, 4c, 4d, 4g, 4h	Dependent on subsidized medical care or health insurance; managed health; federal food benefits (SNAP)	5a, 5b, 5e
	FT employed w/o benefits	1b, 1c			GED/ABE certification				Safe/secure living with others			
PREVENTION LINE												
Vulnerable	PT employed at minimum wage with benefits	1b, 1h.3	Has limited marketable skills		Reading, writing, basic math skills present and no HS diploma or GED	2f	Unable to meet basic living expenses		Inefficient/unhealthy home	4e, 4f,	Limited access to healthcare; chronic medical issues; frequently needs food assistance	
	PT employed at minimum wage w/o benefits	1b					Poor credit		Safe/secure transitional housing	4a		
In-Crisis	Unemployed with work history or skills		Has no marketable skills		Reading, writing, basic math skills absent and no HS diploma		Unable to meet basic living expenses, poor credit		Notice of foreclosure		No access to healthcare; untreated chronic medical issues; need food-primarily obtained thru food pantries	
	Unemployed with no work history or skills						No income and poor credit		Substandard/unsafe home/rental			
Services		SRV 7a-o		SRV 1a-1q, SRV 7s		SRV 2r-z; SRV 2aa, 2bb	SRV 3a	SRV 4b-h		SRV 5a-5i.2		

Sample Goal Tracker

Customer Name:				
Goal #1				
#	Actions to Complete to Achieve Goal	Due Date	Date Completed	
1				
2				
3				
4				
5				
Goal #2				
#	Actions to Complete to Achieve Goal	Due Date	Date Completed	
1				
2				
3				
4				
5				
Goal #3				
#	Actions to Complete to Achieve Goal	Due Date	Date Completed	
1				
2				
3				
4				
5				

Sample Job Search Log

Customer Name:		Employer Contacts Per Week:				
Your goal is to contact employers each week. Use the form below to keep a record of your job contacts.						
Date mm/dd/yy	Employer Name, Address, Telephone Number or Email Address	How Contacted	Person Contacted	Job Position	Results	Application Resume File
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail/Fax			<input type="checkbox"/> Not Hiring <input type="checkbox"/> Pending <input type="checkbox"/> Hired	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sample: Customer Satisfaction Survey

Please take a few minutes to answer these questions about the case management services you received from:

Name of Case Manager:

Answering these questions will help improve our services. Your answers will not affect services/benefits received. Please do not write your name on the survey.

Check your response:	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
The program and my participation in it was fully explained to me/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This program has taught me to find services I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to provide for myself & my household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This program has taught me better problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to candidly speak to my Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Case Manager listens to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Case Manager is easy to contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Case Manager helped me find services I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend case management services to a friend or relative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: