

FORT WORTH®



# Community Action Partners

Serving all of Tarrant County

APPLICATIONS WILL NOT BE PROCESSED WITHOUT ALL REQUIRED DOCUMENTATION  
CONTINUE TO PAY ANY OUTSTANDING BILLS.  
INCOMPLETE OR MISSING DOCUMENTS WILL BE DENIED SERVICE.

ALLOW THREE WEEKS FOR PROCESSING, ONCE APPLICATION IS RECEIVED. A CONFIRMATION LETTER WILL BE MAILED.

ALL DOCUMENTS MUST BE **SIGNED**.  
PLEASE INCLUDE COPIES OF THE FOLLOWING:

- 1. Picture ID for everyone age 18 and over (Driver's License, Government Issued Identification Card, etc.)
- 2. Proof of US 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 (if applicable).
- 4. Proof of any **2020** income earned/received in the last thirty (30) days for all household members 18 years and older, such as:
  - a.  Checks stubs: 4 stubs if paid weekly, 2-3 stubs if paid bi-weekly, 2 stubs if paid twice a month or 1 stub if paid monthly. Do not submit W2 Tax forms.
  - b.  2020 Award Letter(s) showing 2020 dollar amount. (Social Security, SSD, VA, TANF, SSI, etc.)
  - c.  Pension Statements
  - d.  Receipt Book if paid in cash
  - e.  Child Support Statement
  - f.  Unemployment Income Statement
- 5. Declaration of Income Statement for household members 18 years and older with **no** income earned/received in the last thirty (30) days or are unable to obtain the documentation. (form included)
- 6. Current utility bills (front and backside) and any disconnection notices for: Electric, Gas, Water. Account must be **active** (not disconnected).
- 7. Systematic Alien Verification for Entitlements (SAVE) Form. (form included) ***This form must be signed by everyone applying for assistance, whether US born or not US born.***

APPLICATIONS MUST BE MAILED TO:

City of Fort Worth - Community Action Partners  
PO Box 6519, Fort Worth, Texas 76134

Your application may require additional postage depending on weight and distance.

Apartment: \_\_\_\_\_ House: \_\_\_\_\_  
 Monthly Rent: \$ \_\_\_\_\_ Mortgage: \$ \_\_\_\_\_  
 Food Stamps: Yes or No Amount: \$ \_\_\_\_\_

**CITY OF FORT WORTH  
 COMMUNITY ACTION PARTNERS  
 2020 Application for Services**

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

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

HOME PHONE \_\_\_\_\_ OR CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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

	SS NUMBER	LAST NAME	FIRST NAME	MI	Date of Birth			Relationship to Applicant	Sex (M / F)	Age	Race	Hispanic? Yes or no	Highest Grade Completed?	Medical Insurance? Yes or No	Disabled? Yes or No	Veteran? Yes or No	U.S. Citizen? Yes or No	Legal Resident of U.S.? Yes or No
					M	D	Y											
1								YOURSELF										
2																		
3																		
4																		
5																		
6																		
7																		

**CERTIFICATION**

1. The household information is true and correct to the best of my knowledge and belief.
2. Assistance is not guaranteed; I will continue to make payments on my bill.
3. I understand I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
4. 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.
5. I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.

**Client Signature: X**

**Date: \_\_\_\_\_, 2020**

**OFFICE USE ONLY**

Application Missing The Following Documents:

Applicant Picture ID:	Utility Bill(s)	Date Received:
Social Security Cards:	Proof of US Citizenship:	
Household Income:	Signed SAVE Form:	Received By:
Signed DOI for:		

2020

# CITY OF FORT WORTH COMMUNITY ACTION PARTNERS 2020 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									
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>		

**CITY OF FORT WORTH  
COMMUNITY ACTION PARTNERS  
2020 APPLICATION FOR SERVICES**

**UTILITY SERVICE INFORMATION**

**Electric Service:**

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

\_\_\_\_\_ Name on account  
Account Number

**Natural Gas OR  
Propane Company:**

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

\_\_\_\_\_ Name on account  
Account Number

**Other:** \_\_\_\_\_  Heat  Cool  
Name of Vendor

**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  
2020 NEEDS ASSESSMENT For CSBG ONLY  
(Do Not fill out for Utility Assistance)**

CLIENT NAME:				DATE:			
<i>Please answer the following to the best of your ability.</i>							
<b>EMPLOYMENT:</b>							
Are you currently working?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you unemployed?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever had a steady job? (6 months or longer)				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you unemployed but recently been laid off or lost your job within the last 6 months?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you have a plan for financial stability?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>EDUCATION</b>							
Are you currently in school?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you participated in any Vocational Training Programs?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you have a degree or certification?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>HOUSING</b>							
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?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you received Weatherization services?				<input type="checkbox"/> Yes, when? _____		<input type="checkbox"/> No	
Do you have smoke detectors in your home?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
What type of cooling do you have in your home?				<input type="checkbox"/> Central		<input type="checkbox"/> Window Units # _____	
				<input type="checkbox"/> Evaporative cooler		<input type="checkbox"/> None	
What type of heating do you have in your home?				<input type="checkbox"/> Central		<input type="checkbox"/> Space Heaters # _____	
				<input type="checkbox"/> Wall Furnace		<input type="checkbox"/> Stove	
<b>FOOD</b>							
Does your household receive Food Stamps?				<input type="checkbox"/> Yes, how much? _____		<input type="checkbox"/> No	
Do you know who to contact for emergency (food, clothing, shelter, utilities, and medical care)?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you utilize Food Banks or Mobile Food Pantries to help with your food needs?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>HEALTH INSURANCE</b>							
Does everyone in the household have medical insurance?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Has someone in your household needed dental/or prescription assistance but could not afford it?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Has anyone in your home been beaten, shoved, physically or emotionally hurt by another household member?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you currently receiving Child Support?				<input type="checkbox"/> Yes, how much? _____		<input type="checkbox"/> No	
Do you have reliable transportation?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>SECTION FOR OVER 60 OR DISABLED ONLY</b>							
Who manages your finances?							
Do you receive Meals on Wheels?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
				<input type="checkbox"/> Would you like to			
Do you attend a senior Citizen Center?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
				<input type="checkbox"/> Would you like to			
Can you afford to make home repairs as needed?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you have someone who can help you if needed?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<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	
Toiletries		Utilities		Taxes			
Life Insurances		Medical Insurance		Car Insurance		Home Insurance	
<b>Total Expenses \$</b>							

# 2020 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 if eligible, 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) Request 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 themselves;
- 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; If a change occurs and is not reported to CAP, assistance will be interrupted until notification occurs.
- 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 15 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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



Household Status Verification Form



**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.**

<b>X</b>	
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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





# 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, access, 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 people with special needs 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:

- All agencies that use MAACLink will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive assistance.
- My information may be shared with a third party (utility provider, landlord, etc) in order to process the service I have requested.
- I have the right to a printed copy of my MAACLink file.

(Optional) Check this box to give consent for your photo to be uploaded to MAACLink.

	X	
Client Name (Printed)	Client Signature	Date

Agency Representative Name (Printed)	Agency Representative Signature	Date

Agency Representative:

Check this box if you were unable to obtain the client's signature and verbal consent was given in its place.

*Each MAACLink agency will ask you to sign this form at least annually. If after you give consent you decide you no longer would like your information entered into MAACLink, please complete the Client Revocation Form. If you do not revoke this authorization, it will automatically expire on 12/31/2020 or one year from the date you sign and date this form.*



## Community Action Partners

Serving all of Tarrant County

### RELEASE OF INFORMATION/

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 12/31/2020 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.

### PERMISO PARA OBTENER INFORMACION DEL CLIENTE

*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 12/31/2020 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

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

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