

Bring Everyone In The Zone, Inc. (BEITZ) 204 Priest Drive, Killeen, TX 76541 Financial Assistance Application

ОК	N/A	Required Documents
	•	DD214 (Need Member Copy Number 4), Certificate of Honorary Discharge, ebenefits, VA Eligibility Letter or VCard (or other form of verification recognized by the TVC, FVA)
		Identification: Driver's License, Photo ID (Military, Passport, etc)
		Social Security Numbers for all household members; Birth certificates - dependent children.
		Proof of Residence Address and mailing address, if different
		Proof of earned income or wages (check Stub, copy of check, LES Statement, etc, covering 30 day period)
		Proof of unearned income: TANF, Food Stamp Print Out from DHS (not a letter), Social Security, SSI, (Award letter for current year) VA Benefits, Unemployment, Pension Award letters etc., copy of Bank Statement showing auto deposit to bank account)
		Copy of Current Lease with landlord name, address and phone number or copy of current mortgage statement and your signature
		Original Copies of Bills you are seeking assistance in paying - a copy of a disconnection notice is not sufficient – need the full recent 30 day bill
		Last 90 days banking transaction history all accounts
		Verification about what has happened to you in past 60 days which caused an emergency or crisis for you
		Completed Financial Assistance Crisis Intervention Screening Form/Application (attached)
		If applying for Santa Pal, we are not responsible for injury to a child from a donated toy. We pass on donated toys and Parents/Guardians are fully responsible to supervisor their children's use.

Bring Everyone In The Zone, Inc. has my permission to share my application and financial information with any other provider in an effort to assist me with resources, or services. With my signature below I acknowledge that submitting an application does not guarantee that I will receive assistance. I further acknowledge that assistance is only provided once a year. I also understand that I may be required to attend a Peer Support meeting within 30 days (exception Santa Pal) and write a thank you note to the Bring Everyone In The Zone, Inc. organization and its benefactors.

Signature of Applicant: _	Date:
	"If you think you can, or you think you can't, you're right." Henry Ford



BRING EVERYONE IN THE ZONE, INC. (BEITZ) CONFIDENTIALITY STATEMENT



Peer to Peer Support						- `
I (print full name)all information shared durin members, facilitators, or gunature of all information. I unagreement. In the event I br	ng group mee est speakers. understand th	tings. I will not I accept full re at I am persona	violate confide sponsibility for lly responsible	ntial relatior maintaining and liable fo	nships between the confident or any violation	n group ial & private n of this
There are several speci those instances, I pre-author When there is discloss When a peer expresse When a peer expresse When there is a need When collaboration is When records are the	rize disclosur are of child of sthe desire and sthe desire and to discuss a prince of the discuss a prince of the discuss and the discuss are discuss are discuss and the discuss are discussed and the discussion of the discussion	e of the following or elder abuse. and/or plan to and/or plan to peer's session of the om another promanother prom	ing information injure him or harm others. content with a covider or part	herself. supervisor. ner organiza	ation to assist	me.
Signature:						
Applicati	on for Pe	er to Peer	Support Gi	roup Me	mbership	
Name (please print):Address:					United Wa Hood Area	unded through ay of Greater Fort a Grant and unties Services
City:			Zip:		Military Ve Network V Health Gra	eteran Peer /eteran Mental
Phone:	C	Cell Phone:			IInit	od 🦱
E-mail:	gs by email? YE	S NO			Unit W	ay 👺
Circle One: Active Duty	Guard	Reserves	Veteran	Spouse	Dependent	Non-veteran
Conflict*:*Viet Nam, Dessert Storm, Bo Dawn, Etc.	osnia, Operatio	on Iraqi Freedom	Years Service (OIF), Operation	es From n Enduring Fr	eedom (OEF),	Operation New
Would you require a referra	l for professi	onal counseling	g? () Yes ()	No		
Your responses will be com Health Consumers & reflect						
Emergency Contact Informa						
	Co	ntact Person's I	Name	_(Contact's Num	ıber

"If you think you can or you think you can't, you're right". Henry Ford Revised: 6-30-2020

Newspaper, Caseworker, VA, Vet Center, Medical Facility, Other-please specify

How did you hear about us? _____

Trust
Camaraderie
Hope
PEER
NETWORK

Employment Assistance

Employment Resume

Food Stamps –WIC

Food-Emergency Food

Family



INTAKE APPLICATION 2020

First Name:						٨	Aiddle Init	ial:			La	st Name	2:						
Relationship t	to Head	of Ho	usehold:	:		D	ate of Bir	th:			So	cial Sec	urity	#:		Gender: Male Female			
Address:						C	City:				Zip Code:						none:	Female	!
					Head	of	House	hold I	Persor	al I	In	forma	atio	n					
Educatio	n	0	-8 th grad	de	9-1	2 th gr	rade	HS Gra	duate	G	GEC)	12+	seconda	ry	2-4	college	grad	
Disabled Yes							No		Hispa	nic					Y	es		No	
Race			ck/Africo erican	an W	nite		Asian	Hav	vaiian/Po			Native A	Amei	rican	Bi-racial Multi-racial C				Other
Work Sta				ployed	PT	Migrant	red		Unemployed 6 months or longer				Unemployed			Student			
Not work	king A	ND	Not i	n sch	ool:	YES	/NO Rea	son:											
Health In	surar	ice	NO	NE			Direct F	Purchase	•	1	Mil	litary			٨	1edic	are		
Medicaid			Stat	te Childr	en CHIP		State-Adult E				Employment Based								
Marital S	tatus			Single		М	arried	Divorced Separated Widov			ed		Domest	ic Parti	ner				
Veteran		Y	es	N)	E	ligible	Vete	ran Sr	ou	se	<u> </u>					YES		NO
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					Hou	seh	old an	d Res	idenc	e In	ıfo	ormat	tion						
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Single Parent	•		Single I	Person			2 adults r	no Child	ren	21	Pai	rent Hou	ıseho	ld					
Housing		Ow	'n	Rent	Ten	npor	ary Quart	ers	Home	less		If Owr	ned Y	ear Hous	se wa	s Bui	ilt		
Residenc	e Typ	e	Ap	ot Rente	1				Mobil	е Но	me	Rented	ı		Sing	le Fa	mily Ho	me Rent	ed
Mobile Home			Sii	ngle Fan	ily Hom	е Ои	vned	Tempor	ary Quar	ers					Hon	neles	s		

Household Needs

Utility Assistance

Medical Prescriptions

Weatherization

Legal Referral

Medical-Insurance Medical-Pregnancy

Training -ESL

Training-GED

Training-Voc. Ed

Housing

Household I	ncome

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	Employment													
	Employment													
	Social Security													
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	Social Security	Disabilit	ty.											
	Social Security	Disabilit	ty.											
	Food Stamps													
	Child Support/	TANF												
	VA Disability													
	Pension													
	Unemploymen	t Compe	nsatio	on										
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	First Name:				Middle I	nitial:	:		Last Name:					
	Relationship to Hea	d of House	hold:		Date of Birth:				Social Securi	tv #:	Gender:			
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	Disabled	0-8 th	grade	9-1	2 th grade No		S Graduate Hispa	nic	GED 12	2+ secondary	/ Ye	?5	No	
		0-8 th	grade African	9-1	2 th grade		S Graduate	nic	GED 12	2+ secondary	/ Ye		No	Other
	Disabled Race	0-8 th	grade African an	9-1	2 th grade No Asian	H:	S Graduate Hispa	nic	GED 1: Native An	2+ secondary nerican	Ye Bi-ro	?5	No	Other Student
	Disabled Race Work Status	0-8 th Black/A Americ Employ	grade African an	9-1 Yes White Employed	2 th grade No Asian PT Migra	H:	S Graduate Hispa Hawaiian/Pc	nic	GED 12	2+ secondary nerican	Ye Bi-ro	es acial Multi	No	
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Child or Other Household Member											
First Name:	Middle Initial:	Last Name:									
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female								

Education	0-8 th grade			9-12 th grade		HS Gr	HS Graduate)	12+ secondary		2-4 college grad			
Disabled		Yes		No	No I		Hispanic				Yes No				
Race	k/African erican	White	e Asian		На	waiian/Pc I	sl. I	Native American			Bi-racial Multi-racial		Other		
Work Status	Emp	oloyed FT Employed PT Migrant Retired Unemployed 6 months or longer					Unemp	oloyed		Student					
Not working.	Not	a stud	ent.	YES/NO	Reason:										
Health Insurar	NONE		Direct F			Purchase		Military			Medi	icare			
Medicaid	Medicaid			ate Children CHIP				Emp	Employment Based		ed				
Marital Status	Marital Status			N	Married		rced	Sep	Separated Widowed		Widowed	ed Domestic Partne		er	

Veteran		Yes	No		Eligible Vete	Eligible Veteran Spouse							
Veteran	Service start date			Servic	e End Date		Service Connected	Yes	No	% Disabled			
- CCCI aii							Disability						

Child or Other Household Member											
First Name:	Middle Initial:	Last Name:									
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender:								
			Male Female								

Education	0-8 th grade			9-12 th grade		HS Gr	HS Graduate		12+ secondary		2-4 college grad			
Disabled			Yes	Yes		No I		Hispanic			Yes No			
Race	ack/African nerican	n White	White		На	Hawaiian/Pc Isl.		Native American		Bi-racial Multi-racial		icial	Other	
Work Status	Em	ployed FT	Emplo	oyed PT	Migrant	Re	tired	Unemployed 6 months or longer			Unemp	oloyed		Student
Not working.	No	t a stud	lent.	YES/NO	Reason:									
Health Insurar	nce	NON	E		Direct F	Purchas	е	Military	,		Medi	icare		
Medicaid	State	tate Children CHIP		State-A	State-Adult		Employment Base		Based					
Marital Status	Marital Status			М	Married		rced	Separated		Widowed	ved Domestic Par		c Partn	er

Veteran		Yes	No		Eligible Vetera	Eligible Veteran Spouse						
Veteran	Service s	tart date		Servic	e End Date	Service Connected Disability	Yes	No	% Disabled			

Child or Other Household Member												
First Name:	Middle Initial:	Last Name:										
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female									

Education	0	0-8 th grade		9-12 th grade		HS Gr	aduate	GE	D	12+	secondary	2-4	4 college g	rad	
Disabled			Yes	Yes		No		Hispanic			Yes		No		
Race	Black/African Whi American		White		Asian Ha		waiian/Pc Is	Pc Isl. Native American		rican	Bi-racial Multi-ra		ıcial	Other	
Work Status	Employed FT Emplo		Employ	red PT	Migrant Re		tired	Unemployed 6 months or longer			Unem	oloyed		Student	
Not working.	Not	a stude	ent. 🛚 🗡	ES/NO F	Reason:										
Health Insurar	ıce	NONE			Direct F	Purchas	urchase I		Military			Med	icare		
Medicaid		State Children CHIP			State-A	dult		En	nployme	nt Ba	sed				
Marital Status Single			ngle	Married		Divo	rced	S	eparate	d	Widowed	Domestic Partner		er	

Veteran		Yes	No		Eligible Vetera	n Spouse			YES	NO
Veteran	Service s	start date Service End Date		e End Date	Service Connected	Yes	No	% Disabled		
Veteran										

Child or Other Household Member											
First Name:	Middle Initial:	Last Name:									
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female								

Education	0-8 th grade			9-12 th grade		HS Gr	HS Graduate		ED 12+ secondary		2-4 college grad			
Disabled			Yes		No		Hispan	ic			Yes		No	
Race	Black/African American		White	?	Asian		Hawaiian/Pc Isl.		Native American		Bi-racial Multi-racial		cial	Other
Work Status	Employed FT		Empl	oyed PT	Migrant Retired		tired		nploye ths or l		Jmemp	oloyed		Student
Not working.	Not	a stude	nt.	YES/NO	Reason:									
Health Insurar	Health Insurance NONE			Direct Purchase		е	Military			Medic	are			
Medicaid State Children CHIP			State-A	dult		Employ	nent B	ased						
Marital Status S			gle	М	arried	Divo	rced	Separa	ted	Widowed		Domestic	Partn	er

Veteran		Yes	No		Eligible Vetera	YES	NO			
Veteran	Service s	tart date		Servic	e End Date	Service Connected	Yes	No	% Disabled	
						Disability				

	PERSON C	ENTERED PLAN ((ACTION PLAN)		
NAME:				DATE:	
You are here	because you are unable to t	ake care of your	personal financial ob	oligations.	What are you
going to do t	o help yourself so that you a	re not in this sit	uation again in the fu	iture.	
GOAL					
This is why y	ou need to accomplish your	goal.			
OBJECTIVES					
How are you	going to accomplish this goa	al? What are you	u going to do to make	sure you a	re not in this
situation aga	in? If you change nothing, y	ou will be in the	same situation very	quickly.	
STRATEGIES					
This is what	will happen if you do what y	ou plan above a	nd accomplish the go	al.	
OUTCOME		•	, ,		
When are yo	u going to start on each strat	tegy above?			
TIMELINE					
What obstac	les are in your way and what	do vou think vo	u can do to overcome	them?	
OBSTACLES	,	, , , .			
What resour	ces do you have or what reso	urces do vou ne	ed to improve your s	ituation.	
RESOURCES	es de yeu nave el milatrese	ources do you no	ica to improve your s	read troin	
11200011020					
Short term o	oals that you can work on rig	ht away that wil	l Limprove vour situat	ion.	
MINI-GOALS		arraj triat Wil	prore your situat		
GOALS					

City of Killeen, Community De ient Name Total Num	evelopment l		, INCO				Head	of Househol	YES NO		*Complete this sheet each household meml with income from any
			relates to the Head					those listed b	·=	, ui cc	Source
Race			1 White			n American	13 Asi		American Indiar	n/Alaska Nativ	e
Ethnicity	-vec		15 Native H	lawaiia	an/Other Pa	acific Islander		erican India	an/Alaska Native	/White 17	Asian/White
lispanic/Latino	Lites	□NO	18 Black/Af	rrican	American/\	White 19 A	merican I	ndian/Alask	a Native/Black A	frican Americ	an 20 Other Multi
					Individ	lual Annual	Income	Calculation	1		
ourly Regula	r Time										
	\$	_	Per Hour	$\overline{}$	From Date	To Date			#hours/week		Weekly Hourly
	\$		YTD Earnings				#		# months		Avg Inc Mthly
	\$	_	Month Inc Per	Hour					•		-
	\$	-	YTD Avg Incom								
		\$0.00	Enter the higher	-	nt of the two i	ncome calculati	ons from Ho	urly Regular T	ime		
lary											
lary	Selecti	ne type	of salary fron	n the lis	+ Enter info	-mation for the	n tune of Sa	'arv selected	1		
	\$) ii c c _{1 c}	Annual - i.e a				z type	X1/12	=		Income
	\$	_	Monthly	mn		u mon		X1/12 X1	=		Income
	\$		Bi Weekly					X26/12	=		Income
	\$	-	Semi Monthly					X24/12	=		Income
	\$	-	Weekly					X52/12	=		Income
	_				From Date	To Date	# weeks	# months			
	\$	-	YTD Salary (pa	ystub)							Annual Income
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	<u> </u>		Annual Salary	y Incom	ne				=		
ver Time / Bo	onus			Brea	k out OT/Bor	nus from base	salary				
	_		•		From Date	To Date	-		 -		-
	\$	-	YTD Overtime	ŀ			ļ		# months		Income
	\$	-	YTD Bonus Other Year OT/Bo						# months # months		Income
	Ş		1	onus			j		# NiOtruis		Income
	\$	-	YTD Avg								
2	\$	-	Annual Overtime	e/Bonus	Income						
									1		
ommission			, , , , ,		out commis	sion from bas	esalary				
			YTD Commissi	on	From Date	To Date		minus t	Expenses	enter eligip	le expenses
			= Net income		Floin a.s.	10 5	1		# months	ithly income	.7
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			YTD Avg using	Net Inc	come]					
9	ć		Annual Income	Commis	-ion			٦			
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ther Employ	ment In	come			From Date	To Date	Enter	ther emplo	yment income i	n this section	
		а	\$ -	YTD inc	- <u> </u>			# weeks		# months	
		b	<u> </u>	YTD inc	-			# weeks		# months	
		С	\$ -	YTD inc	-			# weeks		# months	
	\$	-	Annual Income -	#a							
	\$	-	Annual Inc #b								
	\$	-	Annual Inc - #c	.1							
4	\$	-	Total Annual Inc	Other (m	nust explain ea	ach below)					
TAVARIFI	COME			-+arth	- amounts	and Type of	Mon-Tax	- Income	=		
ON TAXABLE IN	/COIVIL				ne amount,	y and Type of	NOII- IUA	ible income	!		
	\$	-	Monthly Amou Monthly Amou	-							
	\$ \$		Total Month	-	Tavahle In	come					
-	٦	_	TOtal Iviona	y 140	Taxabic	Come					
otal Annual	Incom	ie.		6	△dd totals fro	m numbers 1 th	orugh 5 abo	ve for total Ar	nnual Income All Sou	rces for the clien	t household member.
							-				at this agency can rece
Federal funds fr	rom the U	J.S. Depa	artment of Hous	ing and	Urban Develo	opment (HUD).	I understand	that the info	rmation I have prov	ided can be verif	fied by any granting er
and/or Federal	agency a	nd the d	eliberate misrep	oresenta	ition of this in	formation may	subject me	to prosecution	under applicable s	tate and Federal	Law.
						•					
	Client	/Applia	cant Signature	e			Client/	Applicant P	rinted Name		Date

COMMENTS / ATTACH CALCULATION SHEETS	Enter Comments from calculations used above.	
Attach calculation tape/sheet or show calc	ulations used to determine income.	10000
	Page 2	
	1 490 2	
		-

City of Killeen, Community De ient Name Total Num	evelopment l		, INCO				Head	of Househol	YES NO		*Complete this sheet each household meml with income from any
			relates to the Head					those listed b	·=	, ui cc	Source
Race			1 White			n American	13 Asi		American Indiar	n/Alaska Nativ	e
Ethnicity	-vec		15 Native H	lawaiia	an/Other Pa	acific Islander		erican India	an/Alaska Native	/White 17	Asian/White
lispanic/Latino	Lites	□NO	18 Black/Af	rrican	American/\	White 19 A	merican I	ndian/Alask	a Native/Black A	frican Americ	an 20 Other Multi
					Individ	lual Annual	Income	Calculation	1		
ourly Regula	r Time										
	\$	_	Per Hour	$\overline{}$	From Date	To Date			#hours/week		Weekly Hourly
	\$		YTD Earnings				#		# months		Avg Inc Mthly
	\$	_	Month Inc Per	Hour					•		-
	\$	-	YTD Avg Incom								
		\$0.00	Enter the higher	-	nt of the two i	ncome calculati	ons from Ho	urly Regular T	ime		
lary											
lary	Selecti	ne type	of salary fron	n the lis	+ Enter info	-mation for the	n tune of Sa	'arv selected	1		
	\$) ii c c _{1 c}	Annual - i.e a				z type	X1/12	=		Income
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	_				From Date	To Date	# weeks	# months			 -
	\$	-	YTD Salary (pa	ystub)							Annual Income
			1. Eslan	` :-om			(enter nu	mber of weeks	OR whole months)		
	<u> </u>		Annual Salary	y Incom	ne				=		
ver Time / Bo	onus			Brea	k out OT/Bor	nus from base	salary				
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9	ć		Annual Income	Commis	-ion			٦			
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ther Employ	ment In	come			From Date	To Date	Enter	ther emplo	yment income i	n this section	
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4	\$	-	Total Annual Inc	Other (m	nust explain ea	ach below)					
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otal Annual	Incom	ie.		6	△dd totals fro	m numbers 1 th	orugh 5 abo	ve for total Ar	nnual Income All Sou	rces for the clien	t household member.
							-				at this agency can rece
Federal funds fr	rom the U	J.S. Depa	artment of Hous	ing and	Urban Develo	opment (HUD).	I understand	that the info	rmation I have prov	ided can be verif	fied by any granting er
and/or Federal	agency a	nd the d	eliberate misrep	oresenta	ition of this in	formation may	subject me	to prosecution	under applicable s	tate and Federal	Law.
						•					
	Client	/Applia	cant Signature	e			Client/	Applicant P	rinted Name		Date

COMMENTS / ATTACH CALCULATION SHEETS	Enter Comments from calculations used above.	
Attach calculation tape/sheet or show calc	ulations used to determine income.	1000
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