

Free, Confidential Peer to Peer Support

Bring Everyone In The Zone, Inc. (BEITZ) 204 Priest Drive, Killeen, TX 76541 Financial Assistance Application 254-423-7632 www.bringeveryoneinthezone.org

ОК	N/A	Required Documents NOTE: We do not accept incomplete application packets.
		DD214 (Copy must show nature of discharge), 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 Cards for household members; Marriage License or Dependent ID, Birth certificates, certificate of adoption
		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.



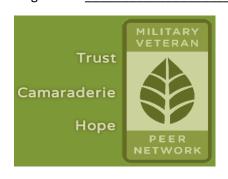
*Our Military Support Program is partially supported by grants from Hill Country Community Action, Bell County Commissioner's Court, the City of Killeen Community Development Block Grant Program with funding from the U.S. Department of Housing &Urban Development, and the Texas Veterans' Commission, Fund for Veterans Assistance. "This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their

families." <u>www.TVC.Texas.gov</u>

Grants – Texas Veterans Commission

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, and/or services. 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 am required to write a thank you note to the Bring Everyone In The Zone, Inc. organization and its benefactors Texas Veterans Commission Fund for Veterans Assistance and the City of Killeen Community Development Grant and complete an evaluation of the organization. With my signature below I pre-authorize disclosure of my information if I am at risk of harming myself or someone else.

Applicant Signature: Date:



Partially funded through United Way of Greater Fort Hood Area Grant and Central Counties Services Military Veteran Peer Network Veteran Mental Health Grant





Free, Confidential Peer to Peer Support

INTAKE APPLICATION 2020

Work Status	First Name:	rst Name:					itial:		Le	ast Nan	Last Name:						
Head of Household Personal Information Facility Type Extended Family State Children CHIP State-Adult Employment Based Household and Residence Information Household and Residence Information Household And Residence Information Household Needs Household Needs Household Needs Household Needs Household Needs Household Needs	Relationship to Head	of Househ	nold:		1	Date of Bi	irth:		S	ocial Se	curity	#:					
Education 0-8th grade	Address:					City:			Z	Zip Code:							
Education 0-8th grade				Н	ead of	House	ehold P	erson	al Ir	nforn	natio	on					
Disabled Yes	Education	0-8 th	grade				_				_		ry	2-4	college	grad	
Race Black/African American White Asian Hawaiian/Pc Isl. Native American Bi-racial Multi-racial Ot Mork Status Employed FT Employed PT Migrant Retired Unemployed 6 months or longer Unemployed State Not working AND Not in school: YES/NO Reason: Health Insurance				Yes		No		Hichai	nic				T	Yes		No	
Nork Status Employed FT Employed PT Migrant Retired Unemployed 6 months or longer Unemployed 6 months or longer Unemployed State Not working AND Not in school: YES/NO Reason:	1000	ace Black/African White			?	Asian		-		Nativ	e Ame	rican	Bi	-racia	l Multi-r	acial	Other
Medical	Work Status				oyed PT	Migrar	nt Retir	ed					Ui	nemp	loyed		Studer
Medical	Not working A	l: YE	S/NO Re	ason:													
Marital Status Single Married Divorced Separated Widowed Domestic Partner Veteran Yes No YES NO Veteran Service Start date Service End Date Service Connected Disability Yes No % Disabled Household and Residence Information Family Type Extended Family Multigenerational Other Single Parent Female Single Person 2 adults no Children 2 Parent Household Housing Own Rent Temporary Quarters Homeless If Owned Year House was Built Residence Type Apt Rented Mobile Home Rented Single Family Home Rented Mobile Home Owned Single Family Home Owned Temporary Quarters Homeless Household Needs	1					Direct Purchase M				ilitary				Medicare			
Veteran Yes No Eligible Veteran Spouse YES No Veteran Service start date Service End Date Service Connected Disability Household and Residence Information Family Type Extended Family Multigenerational Other Single Parent Female Single Parent Male Single Person 2 adults no Children 2 Parent Household Housing Own Rent Temporary Quarters Homeless If Owned Year House was Built Residence Type Apt Rented Mobile Home Rented Single Family Home Owned Temporary Quarters Homeless Household Needs			State C	hildren	СНІР	State-Adult			Er	Employment Based							
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Residence Type Mobile Home Owned Single Family Home Owned Temporary Quarters Household Needs	Housing	Own	Rei	nt	Tempo	rary Qua	rters	Homel	less	s If Owned Year House			ıse was Built				
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			Single	e Family	Home O	wned	Tempora	ıry Quart	ters				Ho	meles	s		
			1														
						Н	ouseho	ld Ne	eds								
Employment Assistance Housing Medical-Insurance	Employme	ent Assis	tance			Housing						Иed	ical-i	Insurar	тсе		
	Employment Resume				1	-				Med							
	Family					·			Training -ESL								
1.2	Food Stamps –WIC					Legal Referral				Training-GED							
Food-Emergency Food Medical Prescriptions Training-Voc. Ed									ns								

House	hold	Income
BEREIT BEREIT STEEL STEEL STEEL		

Type of Income			Pers	on Receiv	ing Income		An	nount Pei	· Mon	th		
Employment												
Employment												
Social Security												
Social Security												
Social Security D	isability	•										
Social Security D	isability											
Food Stamps												
Child Support/TA	NF											
VA Disability												
Pension												
Unemployment (Compen	sation										
. ,	•											
							85.80 (2000) 400					
				escribe Er	nergency Sit	uatio	on					
Please complete a	and attac	ch a let	ter fully de	scribing yo	ur situation.							
			Spous	se or Otho	er Househol	a ivi	embei					
First Name:				Middle Initia	ıl:	Las	st Name:					
First Name:				Middle Initio	ıl:	Las	st Name:					
	of Househ	old:						tv #:		Gender:		
	of Househo	old:		Middle Initia			st Name: cial Securi	ty #:		Gender:		
	of Househo	old:						ty #:		Gender: Male	Female	e
	of Househo	old:						ty #:			Female	е
			or Othor	Date of Birth	n:	Soc	cial Securi				Female	e
			or Other	Date of Birth		Soc	cial Securi				Female	e
Relationship to Head o	Sp	ouse	_	Date of Birth Househo	old Member	Soci	sonal I	nformat	ion	Male		e
Relationship to Head o		ouse	9-12 ^{ti}	Date of Birth Househo	old Member	Per	sonal I		ion 2-		grad	e
Relationship to Head o	Sp 0-8 th g	oouse	9-12 ^{tt} Yes	Date of Birth Househo	old Member HS Graduate Hispan	Social So	sonal I	nformat 2+ secondary	ion / 2- Yes	Male 4 college (grad No	
Relationship to Head o	Sp 0-8th g	pouse grade	9-12 ^{ti}	Date of Birth Househo	old Member	Social So	sonal I	nformat 2+ secondary	ion / 2- Yes	Male	grad No	
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Relationship to Head of the He	O-8th g Black/Aj America	grade	9-12 th Yes White	Househo grade No Asian	old Member HS Graduate Hispan Hawaiian/Pc Is	Per GED	sonal I	nformat 2+ secondary nerican	ion / 2- Yes Bi-race	Male 4 college (ial Multi-r	grad No	Other
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Education Disabled Race Work Status Not working.	Black/Aj America Employe	grade frican n ed FT tuder NONE	9-12 ^{tl} Yes White Employed Pl 1t. YES/NO	Househo r grade No Asian Migrant Reason:	old Member HS Graduate Hispan Hawaiian/Pc Is Retired	Per GED ic Sil. Mill Emil	sonal I Native An Unemployments of	nformat 2+ secondary nerican ved 6 r longer Based	ion Yes Bi-race Unem	Male 4 college (ial Multi-r ployed licare	grad No racial	Other Stude
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Certification Statement

I certify that the above information is true and accurate. I also understand that during verification should any part be false, participation may be terminated. I also understand that that the information contained will be held in confidence and be used to determine eligibility and program planning. I understand that this information will be shared with Federal, State and local agencies as necessary.

Applicant Name	Client Name	Date	Staff Signature	Date

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	grade 9		9-12 th grade		HS Graduate		12	12+ secondary		2-4 college grad		
Disabled		Yes		No		Hispan	ic		= = =	Yes		No		
Race Black/Afric			White	?	Asian H		waiian/Pc I	n/Pc Isl. Native American		erican	Bi-racial Multi-racial		cial	Other
Work Status	Emplo	yed FT	FT Employed PT		Migrant	Retired		- 1	Unemployed 6 months or longer		Unem	ployed		Student
Not working.	Not a	stude	nt.	YES/NO	Reason:									
Health Insurar	NONE	ONE		Direct Purchase		ie	Militar	′		Medicare				
Medicaid Sta			hildren	dren CHIP State-A		dult	dult		Employment Based					
Marital Status s		Sin	gle	M	arried	Divo	rced	Separ	ited	Widowed		Domestic	c Partn	er

Veteran		Yes	No		Eligible Vetera	YES	NO			
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	0-8t	^h grade	9-12 th grade		rade	HS Graduate		GE	D	12+ secondary		2-4 college grad			
Disabled				es No		Hispanic		nic	С			Yes		No	
Race Black/Afri American			White	e Asian		На	Hawaiian/Pc Isl. Native Ameri		rican	Bi-raci	al Multi-ra	cial	Other		
Work Status	Emplo	yed FT	Employed PT		Migrant	t Retired			Unemployed 6 months or longer			Umemployed			Student
Not working.	Not a	stude	nt.	YES/NO	Reason:										
Health Insurance NON			Dir		Direct I	Direct Purchase		Military			Medicare				
Medicaid State			hildren	CHIP	CHIP State-Adu		dult		Employment Based		sed				
Marital Status Sin			gle	М	arried	Divo	rced	S	eparate	d	Widowed		Domesti	c Partn	er

Veteran Yes			No	Eligible Ve	Eligible Veteran Spouse						
Veteran	Service s	tart date		Service End Date	Service Connected Disability	Yes	No	% Disabled			

	Monthly			Monthly
Budget Category	Amount			Amount
CAR			Internet and Cable	
Insurance			Loan #1	
Loan			Loan #2	
Payment			Loan #3	
Repair			Medical/Dental #1	
Child Care			Medical/Dental #2	
Church Tithes			Memberships	
Clothing			Miscellaneous	
Credit Card #1			Other	
Credit Card #2			Other	
Credit Card #3			Other	
Eating Out			Phone	
Entertainment			Savings	
Food			Supplies	
Furniture			Utilities	
Gasoline			Electric	
Gifts			Natural Gas	
Home-Mortgage or Rent			Water	
Insurance			Vacations	
Payment			Veterinarian	
Repair			Total Expenses	
Taxes				
	Monthly			
Income	Amount			
Employment #1				
Employment #2				
VA Disability				
Social Security (SSI)				
Social Security (SSDI)				
Retirement/Pension				
Child Support				
TANIF				
Food Stamps				
Other Income				
Total Income				
	Income		Expenses	
Cash Flow		minus		

PERSON CENTERED PLAN (ACTION PLAN)

NAME:	DATE:
	ause you are unable to take care of your personal financial obligations. What are you elp yourself so that you are not in this situation again in the future.
GOAL	
This is why you r	eed to accomplish your goal.
OBJECTIVES	
How are you goi	ng to accomplish this goal? What are you going to do to make sure you are not in this
	If you change nothing, you will be in the same situation very quickly.
STRATEGIES	
This is what will	nappen if you do what you plan above and accomplish the goal.
OUTCOME	appen in you do mine you plan above and accomplish the goal.

802 N. 2" Street, Bldg. E, Killeen, Texas 76541 254.501.7845 office Email to cdbg.homeapps@killeentexas.gov

lient Name:		Phone #:	Adi	Address:		<u></u>	City, State, Zip Code:	de:	
Client and Fa	mily Mem	Client and Family Member Information:	pn:	Ethnicity – mark Y or N if	N if	MO	NTHLY FAMILY INC	COME	
CLIENT FAMILY MEMBERS	Gender M - Mala	DATE OF BIRTH	RELATIONSHIP TO	You are of Hispanic, Latino, Spanish origin,		e MONTHLY DOLLA	Enter the MONTHLY DOLLAR AMOUNT for each category of income listed;	h category of incon	ne listed;
(LIST EACH FAMILY MEMBER)	F = Female			that identifies your Race ETHNICITY / RACE	Race CE Employment	Pension/ Retirement	Social Security	SSI / Disability	Other Income
1.									
2.									
3.									
4.									
5.									
6.									
					Agency Calcu	late Total Mont	Agency Calculate Total Monthly Income all sources	sources \$	
Family Member Ethnicity and Race	ce								
The Federal Government requires this collection of the following information from individuals, families, and households assisted through Community Development Block Grant funded programs.	on of the follo	wing information fr	om individuals, familie.	s, and households a	ssisted through Commur	ity Development B.	lock Grant funded p	rograms.	
ETHNICITY		RACE - Sel	ect one (1) category as	applicable to each	Select one (1) category as applicable to each person in the family and write that number next to the name in the space above	d write that numbe	r next to the name	in the space above	
2000	11 WHITE – / Middle East.	4 person having ori	${\bf 11} \ {\bf WHITE-A \ person \ having \ origins \ in \ any \ of \ the \ original \ peoples \ of \ Europe, \ North \ Africa, \ or \ the \ Middle \ East.}$	nal peoples of Europ	oe, North Africa, or the	16 AMERICAN II multiple race her	16 AMERICAN INDIAN/ALASKA NATIVE & WHITE – A person having these multiple race heritages as defined above.	TIVE & WHITE – A p bove.	erson having these
identifies as being of Hispanic, Latino, or other Spanish origin as described below.	12 BLACK/AF Africa	12 BLACK/AFRICAN AMERICAN – A per Africa	– A person having orig	son having origins in any of the black racial groups of	ick racial groups of	17 ASIAN & WH	17 ASIAN & WHITE – A person having these multiple race heritages as defined above	ng these multiple ra	ice heritages as
520D AX	13 ASIAN - /	A person having origination including	13 ASIAN – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Th	al peoples of the Fa India, Japan, Korea,	13 ASIAN – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The	18 BLACK/AFRI multiple race her	18 BLACK/AFRICAN AMERICAN & WHITE – A person having these multiple race heritages as defined above.	WHITE – A person h bove.	laving these
considered as Hispanic if that person is of Mexican, Mexican American, Chicano, Puerto Rican, Cuban or another Origin	Philippine Isla 14 AMERICA	Philippine Islands, Inaliand and Vietnam. 14 AMERICAN INDIAN/ALASKA NATIVE.	NATIVE – A person have	ving origins in any o	Philippine Islands, I nailand and vietnam. 14 AMERICAN INDIAN/ALASKA NATIVE – A person having origins in any of the original peoples of	19 AMERICAN II A person having	19 AMERICAN INDIAN/ALASKA NATIVE & BLACK/AFRICAN AMERICAN A person having these multiple race heritages as defined above.	TIVE & BLACK/AFRI heritages as define	ICAN AMERICAN - d above.
n Si	attachment.		notri and outli America (moldanig central America) and who manicants anniation of community attachment.		0.000	20 OTHER MUI	20 OTHER MULTI RACIAL – Other multi racial heritages not defined and	multi racial heritage	ss not defined and
etc. Census 2010	15 NATIVE P people of Hav	IAWAIIAN/OTHER I vaii, Guam, Samoa	 NATIVE HAWAIIAN/OTHER PACITIC ISLANDER – A I people of Hawaii, Guam, Samoa or other Pacific Islands. 	person having origi	15 NATIVE HAWAIIAN/OTHER PACITIC ISLANDER – A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.	included in any	included in any of the other categories listed above.	ies listed above.	
GENERAL STATUS: Please answer the following questions:	r the follov	ving questions	::	:					
Where did you sleep last night? 🗖 my own residence	□ my ow	'n residence	Ó	nd 🗖 with a	with a friend $\ \square$ with a family member $\ \square$ in a private shelter	🗖 in a priva		O other	
Do you feel safe at home □Yes	ONO	Do you have	safety concerns	for others in y	Do you have safety concerns for others in your family/household TYes		ONo		
I certify that all of the above information is true and correct and that all family income is reported. I understand that this information is given so that this agency can receive Federal funds from U.S. Department of Housing and Urban Development (HUD). I understand that the information I have provided can be verified by any granting entity and/or Federal agency and the deliberate misrepresentation of this information may subject me to prosecution under applicable state and Federal Law.	n is true and 1 Developme 1ay subject n	l correct and that nt (HUD). I unde ne to prosecution	t all family income i: erstand that the infi under applicable st	s reported. I unde ormation I have ate and Federal I	erstand that this infor provided can be verif .aw.	mation is given si ied by any grant	o that this agenc) ing entity and/or	v can receive Fed r Federal agency	eral funds from the and the deliberate
Client Printed Name:			CLIENT SIGNATURE	SNATURE			Date:		ı
Agency use only: HUD Income Limits Date Quarter Assisted: $\Box 1^{st} \Box 2^{nd} \Box 3^{rd} \Box$	imits Date		Total Annual Household Income: \$	REV 2012 e: \$	Client Median Income:		~30% □ <50%	%08 ⋝ 🗖	□OVER 80% AMI