



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

OK	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." www.TVC.Texas.gov
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



"If you think you can, or you think you can't, you're right." Henry Ford



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INTAKE APPLICATION 2020

Head of Household Information

First Name:	Middle Initial:	Last Name:	
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female
Address:	City:	Zip Code:	Phone:

Head of Household Personal Information

Education	0-8 th grade	9-12 th grade	HS Graduate	GED	12+ secondary	2-4 college grad	
Disabled	Yes No		Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
Not working AND Not in school: YES/NO Reason:							
Health Insurance	NONE		Direct Purchase	Military	Medicare		
Medicaid	State Children CHIP		State-Adult	Employment Based			
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

Veteran	Yes	No	Eligible Veteran Spouse				YES	NO
Veteran	Service start date		Service End Date	Service Connected Disability	Yes	No	% Disabled	

Complete all Sections

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 Rented	
Mobile Home Owned	Single Family Home Owned		Temporary Quarters		Homeless		

Household Needs

Employment Assistance	Housing	Medical-Insurance
Employment Resume	Utility Assistance	Medical-Pregnancy
Family	Weatherization	Training -ESL
Food Stamps -WIC	Legal Referral	Training-GED
Food-Emergency Food	Medical Prescriptions	Training-Voc. Ed

Household Income

Type of Income	Person Receiving Income	Amount Per Month
Employment		
Employment		
Social Security		
Social Security		
Social Security Disability		
Social Security Disability		
Food Stamps		
Child Support/TANF		
VA Disability		
Pension		
Unemployment Compensation		

Describe Emergency Situation

Please complete and attach a letter fully describing your situation.

Spouse or Other Household Member

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

Spouse or Other Household Member Personal Information

Education	0-8 th grade	9-12 th grade	HS Graduate	GED	12+ secondary	2-4 college grad	
Disabled	Yes	No	Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
Not working. Not a student. YES/NO Reason:							
Health Insurance	NONE	Direct Purchase	Military	Medicare			
Medicaid	State Children CHIP	State-Adult	Employment Based				
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner	
Veteran	Yes	No	Eligible Veteran Spouse			YES	NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes	No	% Disabled	

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

Complete all Sections Attach Documentation

Spouse or Other Household Member

Child or Other Household Member

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 Graduate	GED	12+ secondary	2-4 college grad
Disabled	Yes No		Hispanic			Yes No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed Student
Not working. Not a student. YES/NO Reason:						
Health Insurance	NONE		Direct Purchase	Military	Medicare	
Medicaid	State Children CHIP		State-Adult	Employment Based		
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner

Veteran	Yes No	Eligible Veteran Spouse				YES NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes No	% Disabled	

Child or Other Household Member

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 Graduate	GED	12+ secondary	2-4 college grad
Disabled	Yes No		Hispanic			Yes No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed Student
Not working. Not a student. YES/NO Reason:						
Health Insurance	NONE		Direct Purchase	Military	Medicare	
Medicaid	State Children CHIP		State-Adult	Employment Based		
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner

Veteran	Yes No	Eligible Veteran Spouse				YES NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes No	% Disabled	

Please reprint this page if you have more dependents

Budget Category	Monthly Amount			Monthly 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				
Income	Monthly 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: _____

You are here because you are unable to take care of your personal financial obligations. What are you going to do to help yourself so that you are not in this situation again in the future.

GOAL

This is why you need to accomplish your goal.

OBJECTIVES

How are you going to accomplish this goal? What are you going to do to make sure you are not in this situation again? If you change nothing, you will be in the same situation very quickly.

STRATEGIES

This is what will happen if you do what you plan above and accomplish the goal.

OUTCOME

Client Name: _____ Phone #: _____ Address: _____ City, State, Zip Code: _____

Client and Family Member Information:		MONTHLY FAMILY INCOME						
CLIENT FAMILY MEMBERS (LIST EACH FAMILY MEMBER)	Gender M = Male F = Female	DATE OF BIRTH MM/DD/YYYY	RELATIONSHIP TO CLIENT	Enter the MONTHLY DOLLAR AMOUNT for each category of income listed; if none then enter zero "0"				
Ethnicity – mark Y or N if you are of Hispanic, Latino, Spanish origin. Race – mark the number that identifies your Race ETHNICITY / RACE				Employment	Pension/Retirement	Social Security	SSI / Disability	Other Income
1.								
2.								
3.								
4.								
5.								
6.								
Agency Calculate Total Monthly Income all sources \$ _____								

Family Member Ethnicity and Race

The Federal Government requires this collection of the following information from individuals, families, and households assisted through Community Development Block Grant funded programs.

ETHNICITY	RACE - Select one (1) category as applicable to each person in the family and write that number next to the name in the space above.
–Write a “y” in the space above for each person in the household that self-identifies as being of Hispanic, Latino, or other Spanish origin as described below.	11. WHITE – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
A person that self-identifies as being Hispanic, Latino, or of Spanish origin is considered as Hispanic if that person is of Mexican, Mexican American, Chicano, Puerto Rican, Cuban or another Origin such as Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.	12. BLACK/AFRICAN AMERICAN – A person having origins in any of the black racial groups of Africa
	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 Philippine Islands, Thailand and Vietnam.
	14. AMERICAN INDIAN/ALASKA NATIVE – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains affiliation or community attachment.
	15. NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER – A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
	16. AMERICAN INDIAN/ALASKA NATIVE & WHITE – A person having these multiple race heritages as defined above.
	17. ASIAN & WHITE – A person having these multiple race heritages as defined above.
	18. BLACK/AFRICAN AMERICAN & WHITE – A person having these multiple race heritages as defined above.
	19. AMERICAN INDIAN/ALASKA NATIVE & BLACK/AFRICAN AMERICAN - A person having these multiple race heritages as defined above.
	20. OTHER MULTI RACIAL – Other multi racial heritages not defined and included in any of the other categories listed above.

GENERAL STATUS: Please answer the following questions:

Where did you sleep last night? my own residence with a friend with a family member in a private shelter other _____
 Do you feel safe at home? Yes No Do you have safety concerns for others in your family/household? Yes No

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 the 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.

Client Printed Name: _____ CLIENT SIGNATURE _____ Date: _____

Agency use only: HUD Income Limits Date _____ REV 2012

Quarter Assisted: 1st 2nd 3rd 4th Total Annual Household Income: \$ _____ Client Median Income: <30% <50% <80% OVER 80% AMI