

CCSCT

(830)393-1072

APPLICATION DROP OFF PROCESS:

**Contact the office to
set your appointment
Tues.-Thurs.
9am – 3pm**

We close for lunch from 12pm-1pm

**Make sure to bring
your completed
application and all
supporting
documents with you
or we will have to
reschedule.**

WHAT TO BRING WITH YOU FOR ALL HOUSEHOLD MEMBERS:

PROOF OF INCOME
FOR EVERYONE IN THE
HOUSEHOLD FOR THE
PAST 30 DAYS.
2025 BENEFIT LETTERS
FROM SOCIAL
SECURITY OR
RETIREMENT

PROOF OF IDENTITY
DRIVER LICENSE OR
STATE ID FOR 16 AND
OVER

**BIRTH
CERTIFICATE(S)**

**SOCIAL SECURITY
CARD(S)**

APPLICATION
FILL IT OUT BEFORE
YOU COME TO YOUR
APPOINTMENT.

**CURRENT BILL AND
12-MONTH HISTORY
FOR ELECTRIC AND
NATURAL GAS.**



Community Council of South Central Texas, Inc.
2025 Community Services Program Application

INFORMATION PAGE

Please note: Due to changes in the Texas Administrative Code (TAC) and funding cuts, the amount of assistance you receive may be less than in previous years.

NOTICES:

1. If you have more than **5 people** in the home, please ask for an additional household member page.
2. Applications will not be put in processing order until ALL documents are received. **We cannot process incomplete applications!**
2. **You are still responsible for paying your bill** until your application is processed and you are notified of the outcome.
3. It can take up to 90 days or longer to process complete applications depending on the time of the year and the number of applications already in process. We will contact you once your application has been processed.
4. Applications are accepted by email, fax, mail, or drop off (unless otherwise noted) and will be processed according to priority and date received complete. (see # Notice #2 above)
5. This application is for screening purposes only and does not guarantee your eligibility to receive services. Payments are made within **45 days** from the date of the voucher **and are subject to availability of funds**.

REQUIRED DOCUMENTS: Completed application and...

- ❖ Social security cards for all household members
- ❖ Proof of ALL income FOR THE PAST 30 DAYS for every household member **18 years or older** (Check stubs, Award letters from SS Administration only for Social Security/SSI/SSDI, etc. (including minor children) VA letter, unemployment, TANF letter, retirement, pension, child support, etc. All award letters must be dated for the **current year!**
- ❖ If any household member **18 or over is NOT receiving any income, or has no proof of income**, (example is self-employed, works for cash, etc.) you must complete the attached **Declaration of Income Statement**.
- ❖ Citizenship papers: **no exceptions** (if you do not have these contact your local office for a list of acceptable documents)
 - Certified Birth Certificates for all household members born in USA (not hospital footprint form)
 - Proof of Legal Residency for all household members not born in USA (permanent resident card, visa, foreign passport, etc.)
- ❖ Identification: **no exceptions** (if you do not have these contact your local office for a list of alternative documents)
 - Photo DL/ID for anyone 16 or over
- ❖ A 12-month billing history from each of your energy providers, even if you are not receiving assistance from all of them. (ELECTRIC, NATURAL GAS AND/OR PROPANE) NOTE: If you have less than 12 months in your home, please provide the history for as many months as possible.
- ❖ Your current and past due electric and gas bills and disconnection notice, if applicable.

CCSCT is Celebrating 60 years of Community Action!

Helping People Changing Lives!

Check us out on Social Media



CCSCT-CS COMPLAINT POLICY: Clients or partners who wish to complain about staff treatment, application status or any other complaint are advised to contact Carol Delgado, CCAP, NCRI, Program Director by phone at 830-767-2019, or email cdelgado@ccsct.org. The alternate contact for complaints is Belinda Lacey, CCAP, NCRI, Assistant CS Program Director at phone number 830-625-6268 or email blacey@ccsct.org. Your complaint will be investigated within 10 days and complainant notified of results. If the complaint is regarding a denial due to income, the client will be reminded of the appeals process as outlined in the denial form.



Community Council of South Central Texas
2025 Community Services Application

OFFICE USE ONLY

Date/Time Received Complete

_____/_____
(Elderly 60+/Disabled/Child 5 or younger)

Vulnerable? Y ____ N ____

HEAD OF HOUSEHOLD INFORMATION

First Name:		Last Name:		Middle Initial:
Date of birth:	SS #:	Contact # or Cell Phone:		
Home Phone:	Work Phone:	Housing Type: (circle) Rent <input type="checkbox"/> or Own <input type="checkbox"/>		
Residential Address:				Apt.#:
City, State, Zip				County:
Mailing Address (if different):				Apt.#:
City, State, Zip				
Email Address:				

Gender	Race	Ethnicity	Education	Military Status	Seasonal Work
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None

Relationship to Applicant	Work Status 18 or over	Health Insurance
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other	<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month + <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18	<input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins. <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None

Other income received	Receive Non-Cash Benefits
<input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None	<input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None

"Important information for former military services members. Anyone who served in any branch of the United States Armed Forces including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov>."

By signing below, I acknowledge that I have read, understand, and agree with the entire CCST application:
I certify that the information on this application is correct, and I also understand that receipt of assistance through misrepresentation or fraud is punishable by fine or imprisonment.

Applicant signature _____

Date _____

Staff Signature _____

Date _____

Please complete the following pages for all other household member(s). You **MUST** answer **ALL** questions.

Community Council of South Central Texas - 2025 Community Services Application

OTHER HOUSEHOLD MEMBERS - If more than **5 people** are in your home, please ask for additional pages.

Household Member First Name:		Last Name:		Middle Initial:	
Date of birth:		SS #:			
<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Race</u> <input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<u>Education</u> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<u>Military Status</u> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<u>Seasonal Work</u> <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
<u>Relationship to Applicant</u> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<u>Work Status 18 or over</u> <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18		<u>Health Insurance</u> <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins. <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None	
<u>Other income received</u> <input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None			<u>Receive Non-Cash Benefits</u> <input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None		

Household Member First Name:		Last Name:		Middle Initial:	
Date of birth:		SS #:			
<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Race</u> <input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<u>Education</u> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<u>Military Status</u> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<u>Seasonal Work</u> <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
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Community Council of South Central Texas - 2025 Community Services Application

OTHER HOUSEHOLD MEMBERS - If more than **5 people** are in your home, please ask for additional pages.

Household Member First Name:		Last Name:		Middle Initial:	
Date of birth:		SS #:			
<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Race</u> <input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<u>Education</u> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<u>Military Status</u> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<u>Seasonal Work</u> <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
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Date of birth:		SS #:			
<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Race</u> <input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<u>Education</u> <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr. Grad	<u>Military Status</u> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<u>Seasonal Work</u> <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None
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Community Council of South Central Texas - 2025 Community Services Application

Housing Information:

Type: Private Home ☐ Mobile Home ☐ Apartment ☐ Duplex ☐ Other ☐ _____ # Bedrooms _____

Subsidized/Public Housing? Yes ☐ No ☐ Do you? ☐ Rent or ☐ Own Rent/Mortgage \$ _____

Utilities included in rent? Yes ☐ No ☐ Prior Weatherization? Yes ☐ No ☐ Date: _____ House built date _____

Utility Information:

Is the light bill/water bill under a different name? **Who:** _____ (You must bring a letter from this person, if this person is not a household member, stating that you are responsible for the bill)

Electric Company Name:

Gas/Propane Company Name:

Water Company Name:

Acct.# _____

Acct.# _____

Acct.# _____

☐ Heating ☐ Cooling ☐ Both

Propane % _____ remaining

Type of A/C: ☐ Central / ☐ Evaporative Cooler / ☐ Window Unit / ☐ None

Type of Heater: ☐ Central / ☐ Space Heater / ☐ Wall Furnace / ☐ Fireplace Stove / ☐ None

Is your A/C or Heater working properly? Y ☐ N ☐ / Are you in need of A/C or Heater Repair? Yes ☐ No ☐

Priority Information:

1. Have you ever received services from Community Council of South Central Texas, Inc. Yes ☐ No ☐

2. Is anyone living in your household age 14-24 not going to school or working? Who? _____ Yes ☐ No ☐

Disability Certification: I hereby certify that I, or the household member listed is disabled as defined by:

- 7(9) of the Rehabilitation Act of 1973
- 1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act
- 102 (7) of the Developmental Disabilities Services and Facilities Construction Act (38 USC Chapter 11 or 15)

☐ No one in my household is disabled.

☐ I receive disability benefits: **Name(s):** _____

☐ I do not receive disability benefits: **Name(s):** _____

☐ I do not receive disability benefits, but I have applied for benefits: **Name(s):** _____

Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the Penal Code, **it is a felony of the third degree to falsify this document.**

Conflict of Interest Information:

Is anyone in the household currently serving, or related to a CCSCT employee, agency consultant, board member? If yes, who and their position? _____ Yes ☐ No ☐

Case Management

Are you willing and able to obtain a job, enroll in job training or engage in ways to increase your income by actively participating in CCSCT's Case Management Program? Are you willing to make a commitment to follow up on referrals, submit monthly income and to meeting with a Case Manager a minimum of once a month to successfully complete the Case Management program? Yes ☐ No ☐

Acknowledgement and Release of Information:

I hereby give my permission to release any information and understand that it will be kept in strict confidence. I understand that a photocopy or fax of this release is as valid as the original. I also give CCSCT, Community Services Program, permission to share with, to inquire about, make pledges and receive all Information from other agencies, utility vendors and employers as needed. I understand that I may be terminated for providing false information, threatening behavior, Sexual harassment, verbal abuse, theft, or violation of CCSCT firearm policy. I understand if terminated, I will not be able to reapply for 1-2 years.

Applicant to initial here: _____

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National
Applicant Certification Form for WAP and CEAP

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	US Citizen (Born or Naturalized) or U.S. National	Qualified Alien	OFFICE USE ONLY Documentation provided for:	
			Citizenship Documents	Identification Documents
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

To add additional household members, use another copy of this form.

AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.

Applicant Signature

Date

Signature of agency staff certifying the above

Print Staff Name

Date

Community Council of South Central Texas
2025 Community Services Application

**DECLARATION OF INCOME STATEMENT
(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 income, or 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)

Customer/Client Satisfaction Survey

Instructions: We need your feedback to help improve service and plan for the future.

Check the box to indicate which service(s) you received:

- ☐ Utility Assistance ☐ Weatherization ☐ WIC ☐ Education Services ☐ Employment Services
☐ Rental Assistance ☐ Case Management ☐ Referral ☐ Emergency Assistance ☐ Other _____

List the county where you receive services: _____

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. When I entered the building, I was greeted and felt welcome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The facilities were clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was assisted in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was treated with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My needs were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was informed about other CCSCT programs or community services that could benefit me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I found the program service(s) helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was satisfied with my overall experience and the services I received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am likely to use the program service(s) again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend CCSCT to family/friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ I would be willing to participate in a discussion group to help CCSCT continue to improve. (Include name and phone number below)

Name: _____ Phone: _____

Comments/How can we better serve you? (If you were not satisfied, please tell us why).

WILSON COUNTY RESOURCES

ALAMO AREA COUNCIL OF GOVERNMENT (AACOG)	210-362-5200
WEATHERIZATION (AACOG)	210-362-5282
TRANSPORTATION (AACOG)	866-889-7433
TX DEPARTMENT OF COMMUNITY SERVICES	830-393-5411
TX DEPARTMENT OF HUMAN SERVICES	830-393-3141
TX WORKFORCE SOLUTION (JOB SEARCH/SCHOOL/DAYCARE)	830-393-0405
CCMS/CHILDCARE	800-204-7905
WIC	830-393-7423
MEDICAL TRANSPORATION (MEDICAID)	877-633-8747
ST VINCENT DE PAUL (Tue. & Thur. 9am-3pm)	830-393-4791
FLORESVILLE FOOD PANTRY (Thur. 8AM-12 NOON)	830-321-1151
METHODIST HEALTHCARE MINISTRIES (WESLEY NURSE)	830-251-0441
HEALING HANDS MINISTRIES (LA VERNIA)	210-445-7746
LUTHERAN CHURCH	830-393-2747
FLORESVILLE MINISTERIAL ALLIANCE	210-635-7319
FLORESVILLE ISD SOCIAL WORKER	830-393-5300
TEXAS ATTORNEY GENERAL	830-769-3000
SALVATION ARMY	830-391-5807
WILSON COUNTY SENIOR CENTER	210-663-2685
POTH FOOD PANTRY	830-542-0296
SACRED HEART FOOD PANTRY	830-393-4791
TX A&M AGRILIFE EXTENSION SERVICES (CARSEATS)	830-393-7357

