



**Social Services Office Hours:**  
**Mon – Thurs 9 AM – 5 PM**  
**Closed for lunch 12 PM – 1 PM**

## Veteran Documentation for Appointment

### IDENTIFICATION:

- Must be current Texas valid driver’s license or Texas ID card for ALL adults in the household.
- Birth Certificates (for minors under 18 in the household)
- Court-appointed guardianship papers when applicable.
- DD-214 (Honorable Discharge Only)
- Marriage and Death Certificate (For Surviving Spouse)

**\*\*No child will be added to the file without proper documentation. \*\***

### PROOF OF ADDRESS & EXPENSES:

- CURRENT full lease agreement signed by client and leasing manager, mortgage statement, mobile lot agreement.
- Utility bills with current name and address (light, gas, water, etc.) *\*\*If your name is not on the bill, then you must show proof of identification of the person whose name is on the bill.*
- Proof of any bill paid monthly.
- Have you been assisted by KCM before? YES / NO If yes, how many times? \_\_\_\_\_

**\*\*Bills need to be in applicant’s name, or a household member. \*\***

### INCOME:

- Social Security Award Letters or SSI Letters
- Worker’s Compensation, Disability or Unemployment letter
- Proof of Child Support payments

**\*\*If you are paid in cash, we will provide you with an employment verification letter which will need to be completed by your employer. \*\***

### ADDITIONAL INFORMATION:

- A bank statement of your last 30 days transactions of your checking/savings account
- Food Stamps letter (SNAP)
- Documentation of current situation. Ex: medical bills, discharge papers, pharmacy expenses, notice of loss of wages, disconnection notice, eviction notice, housing assistance, etc.

**\*\*Please allow 10 to 14 business days to process financial requests.**  
**\*\*Payments are made directly to creditor/landlord.**







**KATY CHRISTIAN MINISTRIES DEPARTMENT OF SOCIAL SERVICES  
EXPENSE REPORT**

**Applicant Name:** \_\_\_\_\_

<b>CATEGORY</b>	<b>MONTHLY ACTUAL AMOUNT</b>
<b><u>INCOME:</u></b>	
Wages and Bonuses	
Miscellaneous Income	
<b>Income Total</b>	
<b><u>EXPENSES:</u></b>	
<b><u>HOME:</u></b>	
Mortgage or Rent	
Homeowners/Renters Insurance	
Property Taxes	
Home Repairs/Maintenance/HOA Dues	
<b><u>UTILITIES:</u></b>	
Electricity	
Water and Sewer	
Natural Gas or Oil	
Telephone (Land Line, Cell)	
<b><u>FOOD:</u></b>	
Groceries	
Eating Out, Lunches, Snacks	
<b><u>FAMILY OBLIGATIONS:</u></b>	
Child Support	
Alimony	
Day Care, Babysitting	
<b><u>HEALTH AND MEDICAL:</u></b>	
Insurance (medical,dental,vision)	
Unreimbursed Medical Expenses, Copays	

Fitness (Yoga, Gym)	
<b>TRANSPORTATION:</b>	
Car Payments	
Gasoline/Oil	
Auto Repairs/Maintenance/Fees	
Auto Insurance	
Other Transportation (tolls, bus, subway, taxis)	
<b>DEBT PAYMENTS:</b>	
Credit Cards	
Student Loans	
Other Loans	
<b>ENTERTAINMENT/RECREATION:</b>	
Cable TV/Videos/Movies	
<b>PETS:</b>	
Food	
Grooming, Boarding, Vet	
<b>CLOTHING:</b>	
<b>MISCELLANEOUS:</b>	
Toiletries, Household Products	
Grooming (Hair, Make-up, Other)	
Miscellaneous Expense	
<b>Total Expenses</b>	
<b>Surplus or Shortage (Spendable income minus total expenses)</b>	

I certify that the information above and any other information I have provided in applying for assistance through KATY CHRISTIAN MINISTRIES Department of Social Services is true, accurate, and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## General Consent to Exchange Information & Authority to Act on Client's Behalf



*By completing this form, a client of Katy Christian Ministries will enable Katy Christian Ministries to liaise with nominated organizations and to act on their behalf in relation to inquiries and the intent to gather information to the extent of the authority given in this form. If you choose not to complete this form, Katy Christian Ministries can provide you with advice, but cannot act on your behalf. This form is to be completed by persons (clients) seeking services from Katy Christian Ministries.*

### **Client Consent to exchange personal information**

Katy Christian Ministries may be required to exchange information with different agencies; however, this does not give Katy Christian Ministries authority to act on your behalf with these agencies. By signing this form, you give Katy Christian Ministries the authority to exchange information with agencies on your behalf.

### **Authority to Act on a Client's behalf**

To provide you with services, Katy Christian Ministries needs to be able to act on your behalf with a number of agencies. We ask you to nominate the specific agencies you are authorizing Katy Christian Ministries to contact on Page 2 of this form. By doing so and signing this form, you authorize Katy Christian Ministries to act on your behalf when dealing with the third parties/agencies you have nominated on all matters including but not limited to:

- Enquiring on your behalf
- Acting and making changes on your behalf
- Receiving copies of correspondence

*Authorizing Katy Christian Ministries to act on your behalf does not take away your right to contact the nominated third party/agency.*

### **General Information about Privacy**

To provide you with a professional level of service, Katy Christian Ministries needs to collect personal information about you. At all times you have a right to have that personal information kept private and request a copy of all personal information recorded by Katy Christian Ministries. Katy Christian Ministries is bound by privacy and confidentiality laws that limit who can look at information about you and when it can be given out.

### **Definitions**

Client; any person, persons or agencies recorded on this form in the section headed "The Client".

- Katy Christian Ministries; any person or entity acting under the employment, subcontract or other authority Katy Christian Ministries
- Client nominated third party/agency; any person or agency recorded on this form in the section headed "Nominated Third Parties/Agencies".
- Exchange; means to request, collect, record, distribute or otherwise engage in the use of.
- Service/s; has the meaning as defined in the letter of engagement and/or the client service charter available on request from Katy Christian Ministries

# General Consent to Exchange Information & Authority to Act on Client's Behalf



NOTE: Your consent is not needed for the use, disclosure or exchange of personal information if required or authorized by law in some instances including but not limited to child protection, urgent health and lawful investigation situations.

## The Client

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Nominated Third Parties/Agencies

This section gives Katy Christian Ministries the authority to act on your behalf with the agencies you nominate here.

Name or Description:

## Authorization

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Full Name) (Address)

authorize Katy Christian Ministries to collect, exchange and keep record of, my personal information as is required by Katy Christian Ministries.

Further, I authorize Katy Christian Ministries to act on my behalf in any dealings with the Third Parties/Agencies I have nominated above, and to receive copies of all correspondence from the same.

I give this consent according to the provisions of this document and acknowledge that this authority will remain in force until I provide Katy Christian Ministries with written confirmation of my withdrawal of consent. I understand that it is my responsibility to inform Katy Christian Ministries if any of the details that I have provided in this form change.

Sign \_\_\_\_\_ Date \_\_\_\_\_