

**FINANCIAL ASSISTANCE IS LIMITED TO ONE TIME PER 12-MONTH PERIOD  
AND A MAXIMUM OF 3 TIMES IN A LIFETIME.**

**IDENTIFICATION:**

- Current valid driver's license, passport, visa, Texas ID card, or employment ID for ALL adults in the household.
- Social Security card from at least one household member.
- Birth certificates, school registration record, or Award Letters for all children under the age of 18 years living in the household.
- Court-appointed guardianship papers when applicable.

**\*\*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.*
- Other bills (car note, car insurance, payday loans, etc.)

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

**INCOME:**

- Last 30-day paystubs for each working adult in the household
- Social Security Award Letters or SSI Letters
- Worker's Compensation, Disability or Unemployment letter
- Proof of Child Support payments
- If anyone in the household is eighteen (18) years old or older and is not in school and not employed, proof of unemployment is needed.
- If unemployed, must show proof by being registered with Gulf Coast Careers/Texas Workforce Commission or have a disability. Proof of disability is needed from a doctor.

**\*\*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.

**KCM Service Areas: 77449, 77493, 77494, 77476, 77406, 77407, 77441, 77423, 77094, 77084 (Katy ISD only)**

**\*\*Your appointment with a case manager doesn't automatically ensure financial aid. Financial assistance is not guaranteed.**  
**\*\*Please allow 10 to 14 business days to process financial requests.**  
**\*\*Payments are made directly to creditor/landlord.**

**LA ASISTENCIA FINANCIERA ESTÁ LIMITADA A UNA VEZ POR PERÍODO DE 12 MESES Y A UN MÁXIMO DE 3 VECES EN LA VIDA**

**IDENTIFICACIÓN:**

- Licencia de conducir, pasaporte, visa, tarjeta de identificación de Texas o identificación de empleo válida y vigente para TODOS los adultos del hogar.
- Tarjeta de Seguro Social de al menos un miembro del hogar.
- Certificados de nacimiento, registro de inscripción escolar o cartas de concesión de todos los niños menores de 18 años que viven en el hogar.
- Documentos de tutela designados por el tribunal cuando corresponda.

**\*\* Ningún niño será agregado al expediente sin la documentación adecuada. \*\***

**COMPROBANTE DE DIRECCIÓN Y GASTOS:**

- Contrato de arrendamiento completo ACTUAL firmado por el cliente y el administrador de arrendamiento, estado de cuenta de la hipoteca, contrato de lote móvil.
- Facturas de servicios públicos con nombre y dirección actual (luz, gas, agua, etc.) \*\*Si su nombre no aparece en la factura, deberá presentar prueba de identificación de la persona cuyo nombre aparece en la factura.
- Otras facturas (billete de automóvil, seguro de automóvil, préstamos de payday, etc.)

**\*\* Las facturas deben estar a nombre del solicitante o de un miembro del hogar. \*\***

**INGRESO:**

- Recibos de sueldo de los últimos 30 días de cada adulto que trabaja en el hogar
- Cartas de concesión del Seguro Social o cartas de SSI
- Carta de compensación laboral, incapacidad o desempleo
- Comprobante de pagos de manutención infantil
- Si alguien en el hogar tiene dieciocho (18) años o más y no está en la escuela ni está empleado, se necesita prueba de desempleo.
- Si está desempleado, debe mostrar prueba de estar registrado en Gulf Coast Careers/Texas Workforce Commission o tener una discapacidad. Se necesita prueba de discapacidad de un médico.

**\*\* Si le pagan en efectivo, le proporcionaremos una carta de verificación de empleo que deberá completar su empleador. \*\***

**INFORMACIÓN ADICIONAL:**

- Un extracto bancario de las transacciones de los últimos 30 días de su cuenta corriente/de ahorros
- Carta de Cupones para Alimentos (SNAP)
- Documentación de la situación actual. Por ejemplo: facturas médicas, papeles de alta, gastos de farmacia, aviso de pérdida de salario, aviso de desconexión, aviso de desalojo, asistencia de vivienda, etc.

**Áreas de servicio de KCM: 77449, 77493, 77494, 77476, 77406, 77407, 77441, 77423, 77094, 77084 (solamente Katy ISD)**

**\*\*Tu cita no garantiza automáticamente la ayuda económica. La asistencia financiera no está garantizada.  
\*\*Espere de 10 a 14 días hábiles para procesar las solicitudes financieras.  
\*\*Los pagos se realizan directamente al acreedor/propietario.**



<b>For Office Only (Appointment)</b>
Date: _____
Time: _____
Apricot ID: _____

## Enrollment Form / Formulario de inscripción

Name of Head of Household / Nombre Cabeza del hogar:	Social Security # / Número de seguro social	Date of Birth / Fecha de nacimiento:

Address / Dirección: \_\_\_\_\_

City                      State                      Zip Code

Email / Correo electrónico: \_\_\_\_\_ Telephone / Telefono: \_\_\_\_\_

Is this your first time at KCM?                      Are you a U.S.A. Veteran or Surviving Spouse: YES / NO

¿Es su primera vez en KCM?                      Yes / No                      SI / NO

Circle one:                      Rent / Mortgage                      How many bedrooms are in your home? \_\_\_\_\_

Círculo uno:                      ¿Alquilas? / ¿Hipoteca?                      Cuantas recamaras hay en su casa? \_\_\_\_\_

Household Members / Miembros del hogar			
Name as shown on government ID / Nombre como se muestra en la identificación gubernamental	Social Security # / Número de seguro social	Date of Birth / Fecha de nacimiento	Relationship to HOH / Relación al hogar

Are you currently employed? YES / NO                      ¿Está trabajando? SI / NO

What type of assistance are you looking for? \_\_\_\_\_

¿Qué tipo de asistencia estás buscando? \_\_\_\_\_

Briefly state why you are seeking assistance/Indique brevemente por qué busca ayuda.

\_\_\_\_\_

\_\_\_\_\_

Are you intersted in our FREE Financial Coaching Program? YES / NO

¿Está interesado en nuestro programa GRATUITO de asesoramiento financiero? SI / NO

**FINANCIAL ASSISTANCE IS LIMITED TO ONE TIME PER 12-MONTH PERIOD AND A MAXIMUM OF 3 TIMES IN A LIFETIME / LA ASISTENCIA FINANCIERA ESTÁ LIMITADA A UNA VEZ POR PERÍODO DE 12 MESES Y A UN MÁXIMO DE 3 VECES EN LA VIDA**

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If professional counseling was available for free, would you be interested? YES / NO

Si la consejería profesional estuviera disponible de forma gratuita, ¿estaría interesado? SI / NO

Language Preference for professional counseling? \_\_\_\_\_

¿Preferencia de idioma para la consejería profesional? \_\_\_\_\_



*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 \_\_\_\_\_



## HMIS Consent and Release

Use of a Homeless Management Information System (HMIS) is required by the US Department of Housing and Urban Development (HUD) for agencies that receive certain types of HUD funding. Other funding sources may also require program participation in HMIS. This system is not electronically connected to HUD and is only used by authorized agencies. All persons accessing HMIS have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the Coalition for the Homeless's website ([www.homelesshouston.org/HMIS](http://www.homelesshouston.org/HMIS)). Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency listed below to collect and enter information into HMIS about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies.

I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients' needs in order to provide better assistance and to improve their current or future situations
- Improving the quality of care and service for people in need.
- Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
- Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- I have the right to review my HMIS record with an authorized user.
- All agencies that use HMIS will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I do not sign this form, it will not change whether or not I can receive services from the agency listed below and any other participating agencies. However, I would need to contact each such agency directly to apply for assistance and for a determination of eligibility.
- This authorization shall remain in effect from the date of my signature below.

Today's Date: \_\_\_\_\_

Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

That I may revoke this authorization at any time by notifying the agency listed below in writing. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.





**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: \_\_\_\_\_