



Free, Confidential
Peer Support

BRING EVERYONE IN THE ZONE (BEITZ)

- Post Traumatic Stress Disorder (PTSD)
- Peer To Peer Support Workshops
- Trained Facilitators, Military Support Program

Located in the Bell County Human Services HELP Center

Mailing: P.O. Box 763 -Killeen, TX 76540-0763



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 received from the U.S. Department of Housing and 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." <http://www.tvc.texas.gov/Home.aspx>.

Required Documents



United Way of Greater Fort Hood Area

OK	N/A	Required Documents
		DD214 (Need Member Copy Number 4), 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 Numbers for all household members; Birth certificates - dependent children.
		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. (If housing assistance is requested)
		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
		Copy of Most Recent IRS 1040 or W-2s or evidence of extension if not filed
		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.

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, or services. With my signature below 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 also understand that **I am required to attend a Peer Support meeting within 30 days** (exception Santa Pal) and write a thank you note to the Bring Everyone In The Zone, Inc. organization and its benefactors.

Signature of Applicant: _____ Date: _____

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

HOUSEHOLD INTAKE FORM



Application date: _____ # In HH: _____
Center: _____ County: _____

X

Head of Household First name _____ Middle _____ Last name _____ Social Security# _____
Gender _____ Male _____ Female Relationship to Head of Household?: _____

Birthdate _____

Do you have a disability?: _____ Yes _____ No

Education _____ 0-8th _____ 9th-12th grade _____ High School Graduate _____ GED
_____ 12+ some secondary _____ 2 or 4 yr college graduate _____

Race and Ethnicity

_____ Black or African American _____ White _____ Asian _____ Native Hawaiian/Pacific Islander
_____ American Indian or Alaskan Native _____ Biracial/Multi Racial _____ Other

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Health Insurance: _____ None _____ Private _____ VA _____ Medicare _____ Medicaid _____ Other

Citizenship Status _____ Citizen _____ Legal Alien-eligible _____ Legal Alien-Ineligible _____ Undocumented

Marital Status _____ Single _____ Married _____ Divorced _____ Separated _____ Domestic Partner

Veteran _____ Yes _____ No Eligible Spouse: _____ Yes _____ No

Service Start Date _____ Service End Date _____

Are you Receiving Service Connected Disability Compensation? _____ Yes _____ No If yes what %? _____

Primary Language _____ English _____ Spanish _____ Asian _____ Other _____

Person characteristics-- _____ Able to work but does not _____ Active duty military
_____ Enrolled in secondary education not online _____ Veteran
_____ Currently Registered with Tx Workforce _____ National Guard

Household and Residence Information

Family type _____ Single parent-female _____ Single parent male _____ Single Person No children
_____ 2 adults no children _____ Other - specify _____

Housing _____ Own _____ Rent _____ Temporary Quarters _____ Homeless _____ Other _____

Residence Type:

Apt Rented Mobile Home Owned Residence code _____
 Mobile Home Rented Single Family Owned (yr built if owned) _____
 Single family home rented Single Family Owned _____
 Homeless Temporary Quarters (VA/rehab) _____

Physical address Address (if apt add unit#) _____

State TX City _____ ZIP _____

Check this box if mailing address same as physical address

Mailing address only enter this if different from physical address Address (if apt add unit#) _____

State TX City _____ ZIP _____

Email _____
Home Phone _____ Secondary Phone _____
Phone Type _____ Additional Phone _____

Homeless documentation

Certification of Homeless Self-Certified Date _____

HOUSEHOLD INTAKE FORM-additional family members

X

First name _____ **Middle** _____ **Last name** _____ **Social Security#** _____
Gender _____ Male _____ Female **Relationship to Head of Household?** _____
Birthdate _____
Do you have a disability?: _____ Yes _____ No
Education _____ 0-8th _____ 9th-12th grade _____ High School Graduate _____ GED
 _____ 12+ some secondary _____ 2 or 4 yr college graduate _____
Race and Ethnicity
 _____ Black or African American _____ White _____ Asian _____ Native Hawaiian/Pacific Islander
 _____ American Indian or Alaskan Native _____ Biracial/Multi Racial _____ Other
Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino
Health Insurance: _____ None _____ Private _____ VA _____ Medicare _____ Medicaid _____ Other
Citizenship Status _____ Citizen _____ Legal Alien-eligible _____ Legal Alien-Ineligible _____ Undocumented
Marital Status _____ Single _____ Married _____ Divorced _____ Separated _____ Domestic Partner
Veteran _____ Yes _____ No **Eligible Spouse:** _____ Yes _____ No
Service Start Date _____ **Service End Date** _____
Are you Receiving Service Connected Disability Compensation? _____ Yes _____ No **If yes what %?** _____
Primary Language _____ English _____ Spanish _____ Asian _____ Other _____
Person characteristics-- _____ Able to work but does not _____ Active duty military
 _____ Enrolled in secondary education not online _____ Veteran
 _____ Currently Registered with Tx Workforce _____ National Guard

X

First name _____ **Middle** _____ **Last name** _____ **Social Security#** _____
Gender _____ Male _____ Female **Relationship to Head of Household?** _____
Birthdate _____
Do you have a disability?: _____ Yes _____ No
Education _____ 0-8th _____ 9th-12th grade _____ High School Graduate _____ GED
 _____ 12+ some secondary _____ 2 or 4 yr college graduate _____
Race and Ethnicity
 _____ Black or African American _____ White _____ Asian _____ Native Hawaiian/Pacific Islander
 _____ American Indian or Alaskan Native _____ Biracial/Multi Racial _____ Other
Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino
Health Insurance: _____ None _____ Private _____ VA _____ Medicare _____ Medicaid _____ Other
Citizenship Status _____ Citizen _____ Legal Alien-eligible _____ Legal Alien-Ineligible _____ Undocumented
Marital Status _____ Single _____ Married _____ Divorced _____ Separated _____ Domestic Partner
Veteran _____ Yes _____ No **Eligible Spouse:** _____ Yes _____ No
Service Start Date _____ **Service End Date** _____
Are you Receiving Service Connected Disability Compensation? _____ Yes _____ No **If yes what %?** _____
Primary Language _____ English _____ Spanish _____ Asian _____ Other _____
Person characteristics-- _____ Able to work but does not _____ Active duty military
 _____ Enrolled in secondary education not online _____ Veteran
 _____ Currently Registered with Tx Workforce _____ National Guard

Household Needs		
Employment Assistance	Housing	Medical - Insurance
Employment - resume	Utility Assistance	Medical - Pregnancy
Family-explain in comments	Weatherization	Training- English as 2nd language
Food Stamps/WIC	Legal need- explain	Training - GED
Food-Emergency Food	Medical - drug/alcohol	Training- Vocational/Technical skills
Food Senior Meals	Medical-immuniz/medication	Veterans needs

In your own words, tell us why you are at this center today. Include any unusual circumstances that caused you to need assistance. What type of assistance are you requesting?

Client Employment

Recent Employer Name _____
 Employer Address _____ Phone# _____

Employment Status: _____

Are you attending a secondary, vocational, technical or academic school full-time? Yes No

If you are in between terms, do you intend to return to school? Yes No

List employment info for other family member

Employer Name: _____

Employer Address _____ Phone# _____

Employment Status: _____

Are you attending a secondary, vocational, technical or academic school full-time? Yes No

If you are in between terms, do you intend to return to school? Yes No

Proof of Income must be provided for all household members for past 30 days. Please have income attached

type of income may be: employment, Social Security, SSI, Food Stamps, TANF, Child Support, VA Disability, pension, etc

family member: _____ Date Received: _____ Income type: _____
 Ck how you are paid: Monthly Weekly Twice a month bi-weekly (every 2 weeks) Oth
 Amount paid last 30 days: _____

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 Amount paid last 30 days: _____

family member: _____ Date Received: _____ Income type: _____
 Ck how you are paid: Monthly Weekly Twice a month bi-weekly (every 2 weeks) Oth
 Amount paid last 30 days: _____

Have you applied for assistance anywhere else? If yes, list _____

I certify that the above information is true and accurate. I also understand that should verification show that any part be false, participation may be terminated. I also understand that the information contained will be held in confidence and be used to determine eligibility and program planning. I understand that this information may be shared with another Agency

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

SPENDING PLAN MONTHLY

LIVING EXPENSES	MONTHLY EXPENSES	
HOUSING		
LOT RENT		
ELECTRIC		
GAS		
WATER		
PHONE/CELL PHONE		
CABLE/SATELLITE TV		
INTERNET		
GROCERIES		
HYGIENE		
HAIR CARE		
DIAPERS		
SNACKS/BEVERAGES		
DINING OUT		
TOBACCO		
CAR PAYMENT		
CAR INSURANCE		
REGISTRATION COST		
MAINTENANCE FEES		
FUEL COST		
SCHOOL LUNCHES		
DAY CARE		
CHILD SUPPORT		
CLOTHING		
LAUNDRY SERVICE		
EDUCATION		
ENTERTAINMENT		
HOBBIES		
GIFTS		
CHARITABLE CONTRIBUTION		
VACATION		
BANK FEES		

SPENDING PLAN MONTHLY

LIVING EXPENSES (cont'd)	MONTHLY EXPENSES	
NSF FEES		
ATM FEES		
SENT TO SAVINGS		
MEDICAL		
DENTAL		
TOTAL		

DEBTS (not listed on front)		
TOTAL		

ALLOTMENTS		
TOTAL		

TOTAL INCOME	\$	\$
TOTAL EXPENSES	\$	\$
CASH FLOW	\$	\$

AVER. MONTH SAVINGS	\$	\$
ANNUAL SAVINGS	\$	\$

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

When are you going to start on each strategy above?

TIMELINE

What obstacles are in your way and what do you think you can do to overcome them?

OBSTACLES

What resources do you have or what resources do you need to improve your situation.

RESOURCES

Short term goals that you can work on right away that will improve your situation.

MINI-GOALS

INCOME CALCULATION with SOURCE DOCUMENTATION

*Complete this sheet for each household member with income from any source

Client Name _____ AGE _____ Gender M F
 Total Number Household Members _____ Number Household Members with Income from any source* _____
 Complete the information below as it relates to the Head of Household Select 1 Race from those listed below Head of Household YES NO

Race _____ 1 White 12 Black /African American 13 Asian 14 American Indian/Alaska Native
 Ethnicity YES NO 15 Native Hawaiian/Other Pacific Islander 16 American Indian/Alaska Native/White 17 Asian/White
 Hispanic/Latino 18 Black/African American/White 19 American Indian/Alaska Native/Black African American 20 Other Multi-

Individual Annual Income Calculation

Hourly Regular Time

\$ -	Per Hour	From Date	To Date		#hours/week		Weekly Hourly
\$ -	YTD Earnings			#	# months		Avg Inc Mthly
	Month Inc Per Hour						
\$ -	YTD Avg Income						

Enter the higher amount of the two income calculations from Hourly Regular Time

Salary

Select one type of salary from the list. Enter information for the type of Salary selected.

\$ -	Annual - i.e.- annual contract paid monthl	X1/12	=		Income
\$ -	Monthly	X1	=		Income
\$ -	Bi Weekly	X26/12	=		Income
\$ -	Semi Monthly	X24/12	=		Income
\$ -	Weekly	X52/12	=		Income

\$ - YTD Salary (paystub) _____ From Date _____ To Date _____ # weeks _____ # months _____ Annual Income _____
 (enter number of weeks OR whole months)

1 _____ Annual Salary Income

Over Time / Bonus Break out OT/Bonus from base salary

\$ -	YTD Overtime	From Date	To Date	# months	Income
\$ -	YTD Bonus			# months	Income
\$ -	Other Year OT/Bonus			# months	Income

\$ - YTD Avg _____

2 \$ - Annual Overtime/Bonus Income _____

Commission Break out commission from base salary

_____ YTD Commission _____ minus Expenses _____ enter eligible expenses _____

_____ = Net income _____ From Date _____ To Date _____ # months _____ Mthly income _____

_____ YTD Avg using Net Income _____

3 \$ - Annual Income Commission _____

Other Employment Income

		From Date	To Date	Enter other employment income in this section	
a	\$ -	YTD inc		# weeks	# months
b	\$ -	YTD inc		# weeks	# months
c	\$ -	YTD inc		# weeks	# months

\$ - Annual Income - #a _____
 \$ - Annual Inc. - #b _____
 \$ - Annual Inc - #c _____
 4 \$ - Total Annual Inc Other (must explain each below) _____

NON TAXABLE INCOME Enter the amounty and Type of Non-Taxable Income

\$ - Monthly Amount _____
 \$ - Monthly Amount _____
 5 \$ - Total Monthly Non Taxable Income _____

Total Annual Income _____ 6 Add totals from numbers 1 through 5 above for total Annual Income All Sources for the client household member.

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/Applicant Signature _____ Client/Applicant Printed Name _____ Date _____

COMMENTS / ATTACH CALCULATION SHEETS

Enter Comments from calculations used above.

Total HH members _____

Family Member Information:

AGE	GENDER
1. _____	M F
2. _____	M F
3. _____	M F
4. _____	M F
5. _____	M F
6. _____	M F
7. _____	M F
8. _____	M F
9. _____	M F
10. _____	M F

Attach calculation tape/sheet or show calculations used to determine income.