



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 Rented
 Single family home rented
 Homeless
 Mobile Home Owned
 Single Family Owned
 Temporary Quarters (VA/rehab)

Residence code
(yr built if owned) _____

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: _____

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: _____

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: _____

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: _____

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	\$	\$

**Instructions for Completing the Killeen Community Development Department
Self Certification of Annual Family Income**

Read the instructions for each item carefully before completing the form.

The assisted client must complete and sign this certification form.

Please fill in the following:

Client Name, Phone #, Address, City, State, Zip: Write your name, Telephone Number, Residence Number and Street Address, City, State, Zip Code.

Client and Family Member Information:

Begin on line 1

In box #1 - Write your Name, Indicate your current age, Indicate your associated gender as either Male or Female, enter your date of birth, indicate your relationship to the client. (*example – if Joe is the Client listed on the top of the form, Joe will be listed on line 1 and the relationship will be “self”*)

Box #2 through #6 - For each family member that lives with you - Write your family member’s Name, Age, Indicate whether the person identifies as a Male or Female, enter their date of birth, indicate the relationship to you (Spouse, Son, Daughter, Mother, Father, Sister, Brother, Cousin, etc.)

Family Member Ethnicity and Race:

Ethnicity - For each family member, including the client – Indicate whether the family members are of **Hispanic or Latino origins as described in the information box** - Write **Y** for yes or **N** for no for the answer.

Race – For each family member, including the client – Write the number that indicates each person’s race as described from the available list in the information box.

(Example – 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 or Vietnam would indicate their Race as **Asian - #13.**)

Monthly Family Income:

For each family member that lives in the client household, including the client – Write that family member’s monthly income in the space provided according to the income type. If the income is received from another source other than those listed, place the total monthly amount in the space indicated at “Other Income”. If income is not received for a particular category, enter a zero “-0- ” or write “NONE”.

Certification – Read this information carefully and understand the certification statement.

Print Client Name - Write/Print the client name on the line provided.

Client Signature - Client is to sign their name on the line provided. (In the event that the “Client” is a minor child [under the age of 18 years] the Parent or Legal Guardian must complete and sign for the client)

Date – Write the date the form is signed by the client.

Agency Use Only

Agency to Calculate Total Monthly Income all sources- Agency Staff to calculate the total monthly household income and enter it on the line.

Quarter Assisted - Place an “X” or a “Check Mark” in the box indicating the quarter the client was first assisted in the fiscal year.

Total Annual Household Income – Calculate the total annual household income by multiplying the “Total Monthly Income all sources” for the family and enter the annual amount in the space provided.

HUD Income Limits Date – Write the Month, and Year of the applicable the income limits.

Client Median Income – Circle the appropriate income level after comparing the annual household income and family size to the applicable HUD Income Limits Chart.

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

CLIENT FAMILY MEMBERS (LIST EACH FAMILY MEMBER)			Client and Family Member Information:		MONTHLY FAMILY INCOME				
AGE	Gender Male Female	DATE OF BIRTH MM/DD/YYYY	RELATIONSHIP TO CLIENT	Ethnicity – mark Y or N if you are of Hispanic, Latino, Spanish origin. Race – mark the number that identifies your Race	Employment	Social Security	SSI / Disability	Pension/ Retirement	All Other Income
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

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. 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. Census 2010	<p>11 WHITE – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p>12 BLACK/AFRICAN AMERICAN – A person having origins in any of the black racial groups of Africa</p> <p>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.</p> <p>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.</p> <p>15 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER – A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.</p>
	<p>16 AMERICAN INDIAN/ALASKA NATIVE & WHITE – A person having these multiple race heritages as defined above.</p> <p>17 ASIAN & WHITE – A person having these multiple race heritages as defined above.</p> <p>18 BLACK/AFRICAN AMERICAN & WHITE – A person having these multiple race heritages as defined above.</p> <p>19 AMERICAN INDIAN/ALASKA NATIVE & BLACK/AFRICAN AMERICAN – A person having these multiple race heritages as defined above.</p> <p>20 OTHER MULTI RACIAL – Other multi racial heritages not defined and included in any of the other categories listed above.</p>

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 2017

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

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