

Part One – Household Information

Provide the details for each Household Member, adult and child.

How To Complete Application Tools Available, download and view at www.GCCSA.org:
What Do I Need Guide and Frequently Asked Questions Worksheet

A. Enter Applicant Contact Information

First Name	Last Name	Social Security No. or State ID Number	
Street address: (include Apartment No.)		City	State TEXAS
Zip Code			
Email Address	Mobile phone no.: ()	Home phone no.: ()	

C. Select the response that best describes your Household Type

- ☐ Single-mother, child(ren) lives in home
- ☐ Single father, child(ren) lives in home
- ☐ Two-parent household
- ☐ Two Adults, no children living in home
- ☐ Single Person
- ☐ Other, none of the above

D. Select the response that best describes your Housing

- ☐ I receive Housing Assistance (Housing Voucher, Sec 8, etc.)
- ☐ I am Renting an Apartment
- ☐ I am Renting a Home
- ☐ I am a Homeowner
- ☐ I am Homeless
- ☐ I am Living with Relatives or Friends
- ☐ Other, none of the above

(A) Indicate Benefits and Other Types of Assistance

Does your Household Receive SNAP/Food Stamps?	Is your Household receiving assistance from other Community Agencies?	Does your household receive court-ordered child support benefits?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, we have court-ordered child support.
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No, I do not receive child support payments.
		<input type="checkbox"/> Not Applicable, there are no single parents in the household.

Next

Part Two - Household Members

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B. Enter ALL Household Member Details

Name (First and Last Name)	Gender	Birthdate Month/Day/Yr	Age	Social Security No. or ID Number
1. [Head of household]	<input type="checkbox"/> Male <input type="checkbox"/> Female		////	-- --
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female		///	-- --

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Add member.

Next



Add Member Dialog

First

Last

Gender: ☐ Male ☐ Female

SSN:

Done

Part 2, continued Member Info

[Member name] [last 4]

A. Select Demographics for each Household Member

Education	Race	Ethnicity	Health Insurance or Medicaid?	Are you a Veteran?	Living with a Disability?
<input type="checkbox"/> 0-8 grade <input type="checkbox"/> 9-12 / Non-graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some College or 4 College Degree	<input type="checkbox"/> Black / Afr-American <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-race <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(B) Select Income Sources for each Adult Household Member

Currently employed?	How often are you paid?	Other Sources of Income (check all that apply) Provide Documentation required for all Income Sources selected.	
<input type="checkbox"/> YES, I am employed and have paychecks <input type="checkbox"/> YES, I am employed and paid in cash <input type="checkbox"/> YES, I am self-employed <input type="checkbox"/> YES, I am recently hired and have not received my first paycheck <input type="checkbox"/> NO, I am not employed at this time	<input type="checkbox"/> One Time per Month <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Every-Other-Week <input type="checkbox"/> Every Week <input type="checkbox"/> Recently Hired, no paycheck received yet <input type="checkbox"/> Not Applicable, Not employed at this time	<input type="checkbox"/> Paid in Cash <input type="checkbox"/> SNAP Food Stamps <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> SSDI / SSI / RSDI <input type="checkbox"/> Medicare, Medicaid <input type="checkbox"/> Assistance from Other Agencies <input type="checkbox"/> Gift / Cash from Friends or Family <input type="checkbox"/> Unemployment Comp <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Pensions	<input type="checkbox"/> Job Training Stipends <input type="checkbox"/> Military Allotments <input type="checkbox"/> VA Benefits <input type="checkbox"/> Insurance payment <input type="checkbox"/> Alimony <input type="checkbox"/> Foster/Adopted Child(ren) payments <input type="checkbox"/> Court-ordered Child Support <input type="checkbox"/> College Scholarship and/or grants <input type="checkbox"/> Student Loans <input type="checkbox"/> Other _____

Next Member



OR

Done

If last member

Part Four – Reason(s) for Applying to GCCSA

How did you hear about GCCSA? Provide details below and indicate the reason for your application.

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(A) Referral Information

How did you learn about GCCSA Services?	Are you a Head Start or Early Head Start Parent with a child enrolled?	Are you a previous GCCSA Client or Customer?
<input type="checkbox"/> 2-1-1 United Way Hotline <input type="checkbox"/> Government Agency <input type="checkbox"/> Other Community Agency <input type="checkbox"/> A Former GCCSA Customer	<input type="checkbox"/> Yes, my child is enrolled <input type="checkbox"/> No, my child is not enrolled <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No, I am a first-time applicant <input type="checkbox"/> Yes, I applied for services 0-2 years ago <input type="checkbox"/> Yes, I applied for services 3 to 5 years ago <input type="checkbox"/> Yes, my last application was over 5 years ago
<input type="checkbox"/> Apartment Manager Referred <input type="checkbox"/> Flyer or Announcement <input type="checkbox"/> Internet <input type="checkbox"/> Radio, Newspaper, TV <input type="checkbox"/> Other: Please specify: _____		

(B) Reason for Application

(B1) Indicate the situation and/or circumstances that have led to you requesting GCCSA Services	Based on your response in (B1), please provide details of your current household situation. Use the space below to write.
<input type="checkbox"/> Recent Divorce / Separation	
<input type="checkbox"/> Relocated to the Houston-area	
<input type="checkbox"/> Unexpected expenses	
<input type="checkbox"/> Decrease in Housing Award or Other Support	
<input type="checkbox"/> Recent Job Loss Last Date of Employment: _____	
<input type="checkbox"/> Medical Emergency	
<input type="checkbox"/> Other Reason	

(C) Learn More about our Direct Services and Referral Services offered through Community Partners

Direct Services and Programs	Case Management, Goal-Planning Services
<input type="checkbox"/> Rental Assistance <input type="checkbox"/> Electricity Assistance <input type="checkbox"/> Job Readiness Training <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Housing Counseling <input type="checkbox"/> Seasonal School Supplies	<input type="checkbox"/> Case Management Program I am interested in participating in GCCSA's Case Management program. I understand that I will have a case management plan outlined with goals such as financial budgeting, short-term employment and personal growth.
<input type="checkbox"/> Head Start/ Early Head Start <input type="checkbox"/> Scholarships for Vocational Training <input type="checkbox"/> GED/ Adult Basic Education <input type="checkbox"/> Bus Passes <input type="checkbox"/> Food Pantry Services <input type="checkbox"/> Nutrition Programs <input type="checkbox"/> Seasonal Holiday Initiatives	

(D) Preferred Contact

Preferred Contact Number:	When is the best time to Contact You?
	<input type="checkbox"/> AM (Morning) <input type="checkbox"/> PM (Afternoon) <input type="checkbox"/> Anytime, Weekdays (Monday – Friday)
Preferred Contact Email Address:	

NEXT

Part 4: Supporting Docs
to/Description from file

Doc to upload

file?

description

Upload

DONE

Part 5: Submit

Rules with
checkboxes

☐ This is true

☐ This is true

View of PDF file

Submit

↑
Disabled values
all checkboxes
checked