



## **Emergency Assistance Requirements:**

- Must be 18 years or older
- Proof of Galveston County residency
- Current form of Picture ID
- Social Security Card (if available)
- Housing lease, deed, or form of documentation
- Current Bank Statement (if applicable)
- Proof of Income/Loss of Income (last 2 months)
- Verification of additional assistance received (SNAP, TANF, Child Support, Section 8, SSI, SSDI)
- Proof of hardship (occurrence within 30 days)
- Current Bill and Disconnection Notice (for utility assistance)
- Documentation of any outside agency pledges

Please call 409-765-2210 to **schedule an appointment** and bring a completed Emergency Assistance Packet with you at your scheduled time.

Immediate assistance is available from our food pantry, if needed. See front desk staff for information.



**Children in Household / Miembros De La Familia**

**First Name / Nombre**

**Last Name / Apellido**

**Birthdate / Fecha de Nacimiento**

**SSN / # de Seguro Social**

[ **Relation to you / Relacion con Usted** ]

\_\_\_ Son/Hijo \_\_\_ Daughter/Hija \_\_\_ Other / Otro

Is he / she a Veteran? \_\_\_ Yes \_\_\_ No

If yes, was he/she honorably discharged? \_\_\_ Yes \_\_\_ No

**If in School / Si Esta en la escuela**

School Name ?Nombre de Escuela:

If not in school / Si no esta en la escuela

  1     2     3     4     5     6     7     8     9    10    11   Graduated High School   GEC

College / Universidad: \_\_\_1\_\_\_2\_\_\_3\_\_\_ Graduated College \_\_\_ Post Graduate

Is he/she working? / Esta Trabajando? \_\_\_ Yes \_\_\_ No

Check / Marque

\_\_\_ Male/Masculino \_\_\_ Female/Femenino

**Race/Raza (Check/ Marque)**

\_\_\_ American Indian / Indio Americano

\_\_\_ Asian / Asiatico

\_\_\_ Black / Afro Americano

\_\_\_ Caucasian / Blanco

\_\_\_ Hispanic / Hispano

\_\_\_ Other / Otro

Non - Hispano

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\_\_\_ Other / Otro

Non - Hispano

**The Highest School Grade that You Completed / Su Educacion**

1 2 3 4 5 6 7 8 9 10 11 Graduated High School \_\_\_ GED  
 College / Universidad: \_\_\_1\_\_\_2\_\_\_3\_\_\_ Graduated College \_\_\_ Post Graduate

**Total Monthly Income for Every Family Member**

- \$ \_\_\_\_\_ Self Earned Income / Ingresos Ganados por Usted
- \$ \_\_\_\_\_ Spouse Earned Income / Ingresos Ganados por su Esposo(a)
- \$ \_\_\_\_\_ Other Earned Income / Ingresos Ganado por Otro
- \$ \_\_\_\_\_ Unemployment Benefits / Desempleo
- \$ \_\_\_\_\_ SSI / Ingresos del Seguro Social
- \$ \_\_\_\_\_ Soc. Sec. Disability Insurance (SSDI) Ingresos del Seg.Soc.para Discapitados
- \$ \_\_\_\_\_ Veteran's Disability Insurance ? Ingresos de Veteranos de Guerra
- \$ \_\_\_\_\_ Private Disability Insurance/ Ingresos Privados de Discapadidad
- \$ \_\_\_\_\_ Workers Compensation / Compensacion al Trabajador
- \$ \_\_\_\_\_ TANF/RANF
- \$ \_\_\_\_\_ General Assistance / Asistencia General
- \$ \_\_\_\_\_ Social Security / Beneficios de Retiro
- \$ \_\_\_\_\_ Veteran's Pension / Pension de Veterano de Guerra
- \$ \_\_\_\_\_ Pension from Former Job / Pension de Trabajo
- \$ \_\_\_\_\_ Child Support/Ingresos de Mantencion Infantil
- \$ \_\_\_\_\_ Alimony or Spousal
- \$ \_\_\_\_\_ Other Sources / Otros Ingresos
- \$ \_\_\_\_\_ Total Monthly Income / Total de Ingresos Mensuales
- \_\_\_\_\_ **No Financial Resources / No Tengo Ingresos Financieros**

*If not income, how are you paying bills?/Si Que' tipo de ayuda necesita?*

**Non - Cash Benefits/Beneficios Adicionales No Financieros**

- \_\_\_\_\_ Food Stamps / Estampillas de Comida
  - \_\_\_\_\_ Gold Card Program / Tarjeta Dorada
  - \_\_\_\_\_ Medicare / Medicare
  - \_\_\_\_\_ Medicaid / Medicaid
  - \_\_\_\_\_ Children's Health Insurance Program CHIP
  - \_\_\_\_\_ VA Medical / VA Medico
  - \_\_\_\_\_ TANF Child Care / TANF Cuidado de Nino's
  - \_\_\_\_\_ TANF Transportation / Tanf Transporte
  - \_\_\_\_\_ Other TANF Services / Otros Servicios de TANF
  - \_\_\_\_\_ Section 8, Public Housing/Alojamiento Section 8
  - \_\_\_\_\_ CEAP Energy Assistance / Ceap Asistencia de Energia
  - \_\_\_\_\_ Other Benefits / Otros Beneficios
- Other Cash Benefits / Otros Beneficios Financieros**
- \_\_\_\_\_ Tax Return /Reembolos de Impuestos:

Interviewer Initials: \_\_\_\_\_

**Enter Client Record?**  
 \_\_\_ Yes \_\_\_ No

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**Mainland Communities Services Assistance Network**  
*Shared Case Management Software - CharityTracker*  
**RELEASE OF INFORMATION (ROI)**

**Client's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
mm / dd / yyyy

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

The **Mainland Communities Services Assistance Network**, hereinafter referred to as "**CharityTracker**", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. United Way Galveston County Mainland (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including St. Vincent's House (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

<u>Dependent's Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security Number</u>

I authorize St. Vincent's House, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize St. Vincent's House (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

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**X**

Client and/or Parent-Legal Guardian's  
 Authorizing Signature

-->  
**X**

Agency Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date