



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.



St. Vincent's House Intake Form

Date/Fecha **First Name / Nombre** **Last Name / Apellido**

of Family Members in Residence / # de Personas en la casa **SSN / # de Seguri Social**

Birthdate / Fecha de Nacimiento Yes No Male / Masculino Female/ Femenino

Homeless? /Sin Hogar?

Address/Direccion: **Apt#**

City / Ciudad **State/Estado** **Zip**

Phone No / Numero de Telefono **Native Country / Pais de Origen**

Are you a Veteran? Yes No * If yes, were you honorable discharged? Yes No

Is any other member of your household a veteran? Yes No

Alternate Contact Name/ Nombre de Otra Persona a Contactar **Alternate Phone # / Otro # de Telefono**

Relationship to You? _____

Are you working? /Esta' Trabajando? Yes No

Email Address/ Correo Electronico _____

Family Unit / Unidad Familiar
<input type="checkbox"/> Single, Children / Soltero(a) con hijos
<input type="checkbox"/> Single No Child / Soltero (a) sin hijos
<input type="checkbox"/> Couple, Children / Pareja con hijos
<input type="checkbox"/> Couple, No Child / Pareja sin hijos

Race/Raza (Check/Mark)
<input type="checkbox"/> American Indian / Indio American
<input type="checkbox"/> Asian / Asiatico
<input type="checkbox"/> Black / Afro American
<input type="checkbox"/> White / Blanco
<input type="checkbox"/> Other/ Otro _____
Ethnicity / Origen e'tnico
<input type="checkbox"/> Hispanic / Hispano
<input type="checkbox"/> Non-Hispano

I give my consent to St. Vincent's House to circulate my name for the purpose of seeking donor assistance on my behalf.

Signature

Date

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 <input type="checkbox"/> Son/Hijo <input type="checkbox"/> Daughter/Hija <input type="checkbox"/> Other / Otro Is he / she a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was he/she honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If in School / Si Esta en la escuela School Name ?Nombre de Escuela: _____ If not in school / Si no esta en la escuela <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> Graduated High School <input type="checkbox"/> GED College / Universidad: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Graduated College <input type="checkbox"/> Post Graduate Is he/she working? / Esta Trabajando? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check / Marque <input type="checkbox"/> Male/Masculino <input type="checkbox"/> Female/Femenino Race/Raza (Check/ Marque) <input type="checkbox"/> American Indian / Indio Americano <input type="checkbox"/> Asian / Asiatico <input type="checkbox"/> Black / Afro Americano <input type="checkbox"/> Caucasian / Blanco <input type="checkbox"/> Hispanic / Hispano <input type="checkbox"/> Other / Otro <input type="checkbox"/> Non - Hispano		

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 <input type="checkbox"/> Son/Hijo <input type="checkbox"/> Daughter/Hija <input type="checkbox"/> Other / Otro Is he / she a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was he/she honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If in School / Si Esta en la escuela School Name ?Nombre de Escuela: _____ If not in school / Si no esta en la escuela <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> Graduated High School <input type="checkbox"/> GED College / Universidad: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Graduated College <input type="checkbox"/> Post Graduate Is he/she working? / Esta Trabajando? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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 <input type="checkbox"/> Son/Hijo <input type="checkbox"/> Daughter/Hija <input type="checkbox"/> Other / Otro Is he / she a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was he/she honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No If in School / Si Esta en la escuela School Name ?Nombre de Escuela: _____ If not in school / Si no esta en la escuela <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> Graduated High School <input type="checkbox"/> GED College / Universidad: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Graduated College <input type="checkbox"/> Post Graduate Is he/she working? / Esta Trabajando? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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 Discapacitados
- \$ _____ Veteran's Disability Insurance ? Ingresos de Veteranos de Guerra
- \$ _____ Private Disability Insurance/ Ingresos Privados de Discapacidad
- \$ _____ 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 / Estamillas 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
--



Household Monthly Expenses

Full Name _____

Date _____

Expenses	
Category	Monthly Amount
Rent/Mortgage	
Property Taxes	
Condo/Co-op Assoc Fees	
Renter's/Homeowner's Insurance	
Property Maintenance & Repair	
Utilities	Monthly Amount
Gas	
Electric	
Water	
Sewer	
Trash	
Telephone	Monthly Amount
Home	
Home	
Cell	
Cell	
Cable/Satellite	
Food	
Clothing	
Auto	Monthly Amount
Car Payment	
Car Payment	
Insurance	
Repairs & Maintenance	
Gasoline	
License/Registrations	
Transportation (Bus, Subway, Etc)	
Subtotal Column 1	

Expenses	
Category	Monthly Amount
Medical	
Insurance/Cobra	
Deductibles, Co-Pays, Rx's	
Life Insurance Premiums	
Expenses related to Children	Monthly Amount
Child Support	
Childcare/Daycare	
Tuition	
Room, Board	
Transportation	
Books	
Uniforms	
Sports, Clubs, Camps	
Credit Cards	Monthly Amount
Loans	Monthly Amount
Charitable Contributions	
Other Expenses	
Subtotal Column 1	



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Emergency / Direct Aid Client Request Statement

Print Name

Signature



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.

--->
 X

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

--->
 X

Agency Representative Signature

 Date

 Date