

Educational Programs Inspiring Communities, Inc
707 Lehman Street
Houston, Texas 77018
713-692-4278

**HEART CDBG VIRTUAL VOCATIONAL SKILLS TRAINING
PROGRAM**

INTAKE FORM

Hurricane Harvey Disaster Relief Information

Did you live within the City Limits of Houston during Hurricane Harvey periods of August 17 – September 1, 2017?

___ Yes ___ No

Were you Directly or Indirectly affected by Hurricane Harvey?

___ Yes ___ No

___ **Affected Directly.** Please provide information on how you were affected.

___ **Affected Indirectly.** Please provide information on how you were affected.

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HEART VIRTUAL VOCATIONAL SKILLS TRAINING PROGRAM ELIGIBILITY REQUIREMENTS

If you **did not live within the City Limits of Houston or were not affected by Hurricane Harvey, you must provide the following documents for enrollment.**

The participant **currently** lives within the City Limits Houston.

The participant has an Intellectual or Developmental Disability

The participant is 18 years of age or older

Current SSI award letter or is eligible to receive Medicaid

CDBG DISASTER RELIEF GRANT ELIGIBILITY REQUIREMENTS

Funding for this program has been provided by The City of Houston Community Development Block Grant (CDBG) to provide vocational skills training to adults with Intellectual or Developmental Disability. To qualify for this funding the participant must meet all of the following eligibility requirements:

*Applicant must meet all the eligibility requirements to
Participate in the
**CDBG DISASTER RELIEF
VIRTUAL VOCATIONAL SKILLS TRAINING PROGRAM***

- A.** The participant **resided** within The City Limits of Houston during the period of August 17 – September 1, 2017 and was Directly or Indirectly affected and provides proper documentation.
- B.** The participant **CURRENTLY RESIDES** within The City Limits of Houston and provides proper documentation.

Examples of acceptable documentation include:

- Current utility bill
- Pay stub (if address is printed on stub)
- Rent receipt (showing current address)
- Lease agreement
- Mortgage statement
- Section 8 award letter
- Homelessness determination

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- C. The participant has an Intellectual/Developmental Disability.
 - Must provide a copy of diagnosis.
- D. The participant is 18 years of age or older.
 - Must provide proof of age
- E. Must be eligible for employment in the U.S. and provide documentation.

Examples can include:

- Must provide copy of social security card with work authorization.
- U.S. passport or U.S. passport card
- Permanent resident card or alien registration receipt card (INS Form I-551)
- Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
- Employment Authorization Document that contains a photograph (INS Form I-766)
- Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI
- Driver license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
- ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
- School ID card with a photograph
- Voter registration card
- U.S. Military card or draft record
- Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Card
- Native American tribal document

Note: Applicant must provide Valid State ID OR Driver's License and Social Security Card

General Applicant Information

Name: _____ Citizenship: _____

Address _____ City _____ State _____ Zip Code _____

DOB _____ Phone _____ Alt# _____

Social Security: _____ - _____ - _____ Driver's License/ID #: _____

Male _____ Female _____ Ethnicity _____

Parent/Guardian Name: _____

Phone # _____ Cell Phone # _____

Email _____

Guardianship Information

Guardianship: Yes _____ No _____ In progress _____

Guardian (If applicable) _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Cell Phone # _____

Email _____

****Please provide proof of guardianship, such as a guardianship letter***

Benefits

Does applicant receive the following: (Check all that apply and list monthly award)

_____ SSI \$ _____ _____ SSD \$ _____ _____ SNAP \$ _____

_____ Medicare _____ Medicaid _____ Metro-Lift _____ HCS _____ VR

_____ on the waiting list for benefits from MHMRA or another agency

****Please provide proof of benefits, such as award letter or copy of card***

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Agency Provider (If Applicable)

Agency _____ Case Manager _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ Cell Phone # _____

Email _____

Level of Need (If Applicable)

(Please check one)

1 _____ 5 _____ 8 _____ 6 _____ 9 _____

Living Situation

Home _____ Independently _____ Group Home _____ Residential Facility _____

Transportation

Drives _____ Family _____ Metro _____ MetroLift _____ Group Home _____

Medical

Please provide a copy of applicant's diagnosis

Diagnosis _____

Date of Diagnosis _____

Does applicant have any physical disabilities: Yes _____ No _____

If yes, please explain _____

Can applicant take his/her own medication Yes _____ No _____

Does applicant need any special equipment or considerations _____ Yes _____ No

If yes, please explain _____

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Does the applicant have any additional social limitations we must be aware of, please list

Education

____ HS Diploma ____ GED ____ Technical ____ College ____ # years

Please list the names of each school attended and highest level of completion

School Name Dates of Attendance

1 _____

2 _____

Additional Information

(Please list any additional information that you feel would be important)

I attest that all information provided is true to the best of my knowledge. I understand that intentionally omitting or falsifying information can lead to non-acceptance into the program.

Participant Signature (If applicable)

Date

Parent or Guardian

Date