



The H.E.A.R.T. Program

Educational Programs Inspiring Communities Inc.
707 Lehman Street
Houston, TX 77018
(713) 491-6897

INTAKE FORM

Please fill out completely and clearly and submit with application and supporting documentations. Please note failure to return in a timely manner may delay enrollment.

Personal Information

Name: _____

Address _____ City _____ State _____ Zip Code _____

DOB _____ Phone _____ Alt# _____

Male _____ Female _____ Ethnicity _____

Emergency Contact _____ Phone _____

Eligibility Questionnaire

Does applicant live within the city limits of Houston? _____ Yes _____ No

Does applicant have an Intellectual and/or Developmental disabilities (I/DD)? _____ Yes
_____ No

If yes, Specify _____

Is the applicant 18 years of age or older? _____ Yes _____ No

Does the applicant receive Supplemental Security Income (SSI) or is eligible for Medicaid?
_____ Yes _____ No

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 program, participants MUST respond "YES" to ALL questions above.

Please select one (1) item from each section below and submit with application.

A. Proof of Residency -The applicant MUST reside within the city limits of Houston.

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

***Note: If applicant does not have any of the above, documentation from the parent/guardian listed on the application may be used if the applicant resides with that individual.*

B. Proof of Diagnosis - The applicant has an Intellectual/Development Disability and MUST provide a copy of diagnosis.

Examples of acceptable documentation may include but not limited to:

- Psychological Evaluation form
- Determination of intellectual disability (DID) documentation
- Physician's note
- IEP or ARD

***Note: Other acceptable documents are not exempt but on case-by-case basis*

C. The applicant is at least 18 years of age or older. Must provide proof of age

Examples of acceptable documentation:

- Copy of Valid state ID
- Copy of Passport
- Copy of birth certificate
- Permanent resident card

- D. The applicant **MUST** qualify for or receives Supplemental Security Income (SSI) and/or Medicaid

Example of acceptable documentation:

- Current SSI award letter
- Copy of Medicaid card
- State Benefit card/form

****Note:** other documentation may be accepted on a case-by-case basis

OTHER ELIGIBILITY

- 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
- Driver license issued by a Canadian government authority

Valid State ID OR Driver's License and Social Security Card MUST be provided. ALL documentation MUST be submitted with Application and Intake form for consideration.

CDBG DISASTER RELIEF GRANT ELIGIBILITY REQUIREMENTS

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

- 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.
- The participant **CURRENTLY RESIDES** within The City Limits of Houston and provides proper documentation.

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.

Aggressive and Disruptive Behavior

Educational Programs Inspiring Communities, Inc reserves the right to refuse service to any individual who displays disruptive behavior and/or aggressive behavior during virtual sessions. If this type of behavior occurs, the participant will be asked to leave the virtual session immediately or will be removed from the session. The determination of such behavior is at the discretion of the HEART staff.

Behavior and De-Escalation Information

By completing this section, it will help our staff better understand the applicant and help them have an enjoyable learning and successful experience.

Triggers (Please check): What makes the applicant upset, angry, anxious and/or overwhelmed?

Feeling they are being singled out Feeling forced to do something

Feeling someone is being untruthful Feeling isolated

Loud noises Feeling threatened

Other: _____

Warning Signs (Please check): What are some warning signs the applicant exhibits when becoming anxious or frustrated

Sweating Throwing objects Clenching teeth

Yelling Crying Clenching fists

Swearing Breathing hard/rapidly Pacing

Being rude/insubordinate

Other _____

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge having read this application in its entirety and I fully understand its eligibility and participation requirements.

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 or removal from the program.

Participant Signature (If applicable)

Date

Parent or Guardian

Date