|  |
| --- |
|  Service Requested: \_\_\_\_\_ Food \_\_\_\_\_ Rent \_\_\_\_\_Utilities \_\_\_\_\_Prescriptions \_\_X\_\_Special Programs |
| **Name:**  | **Date of Birth Age** |
| **Address:**  | **Phone #** |
| **City/Zip code:** | **How long at Present address?** |
| **Social Security #** |  **Employed? Yes or No (circle one)** |
| **Spouse or Roommate (Circle one)** | **Name of spouse or roommate:** |
| **Social Security #** | **Date of Birth Age** |
| **TOTAL Number in Household** | **# of Adults: # of children:** |
| **List all other members in household** |
| **Name Age** | **Name Age** |
|   |   |
|   |   |
|  |  |
|  |  |
|   |   |
|  |  |
|  Continue additional household members on page 2 |  Continue additional household members on page 2 |
| **Monthly Income** | **Monthly Expenses** |
| **Wages:** | **Rent:** |
| **Social Security income:** | **Electric:** |
| **SSI:** | **Water:** |
| **Child Support:** | **Gas:** |
| **Unemployment:** | **Medical:** |
| **Food stamp:** | **Phone:** |
| **VA Benefits:**  | **Food:** |
| **Miscellaneous:** | **Miscellaneous:** |
| **TOTAL INCOME:** | **TOTAL EXPENSES:** |
| **Your Email: DATE:**  | OUR EMAIL: racap@att.netOur Phone: 210-658-1613 |

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS THE ENTIRE APPLICATION
 IS FILLED OUT!!! THIS INCLUDES THE TOTAL INCOME/EXPENSES!!!**

**CHECKS FOR UTILITIES AND RENT WILL ONLY BE MAILED.
Program our number into your phone. If you don’t answer you will lose your place in line.**

Some food and nonfood items have been donated or purchased from outside agencies. RACAP accepts no responsibility for the condition or content of items given. Check all items carefully before consumption and use.

Briefly state the reason you need assistance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION**: I agree that Randolph Area Christian Assistance Program may request and/or release any or all information and/or records used in assisting me. I understand such information may be shared among personnel representing other agencies and institutions. I further agree that anyone representing RACAP shall be free from all legal responsibility that may arise from the solution of my concerns and needs. I fully understand that emergency assistance provided is on a one-time basis only.

# FEDERAL PRIVACY ACT STATEMENT

 **USE:** The Randolph Area Christian Assistance Program (RACAP) collects information on applicants who request assistance. This information may be requested and disclosed to and from various county, state and federal agencies. As an applicant, you are protected by the Privacy Act without authorization.

**PUBLIC ACCESS:** Summaries of applicant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act.

**THE FOLLOWING CERTIFICATIONS ARE REQUESTED:** I/We certify that the information given to RACAP on household composition, income, net family assets, etc. are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information may be punishable under Federal law.

**I also understand that false statements or information are grounds for termination of any and all assistance.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of head of household Date

**YOU MUST SUBMIT THESE DOCUMENTS WHEN APPLYING FPR ASSISTANCE:**

Please ensure your application is completed, front and back, with all the required information. When you complete your application, please get out the following items and have them ready to be copied:

1) Photo ID of yourself

2) Social Security cards for **EVERYONE** in the household (will accept birth certificate or passport)

3) Proof of residence within our service area (current utility bill or lease, if applying for rental assistance)

4) Proof of all income and benefits for everyone in the household (last 2 pay statements/stubs from anyone working now or recently; award letters for SSI, SSD, Food Stamps, Unemployment, Housing Assistance, Child Support printout for recent months, etc.)

RACAP Use Only

ID \_\_\_\_\_\_ SS Cards \_\_\_\_\_\_

Income \_\_\_\_ Residence \_\_\_\_\_

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_

 2024 RACAP Holiday Program

 307 Pfeil St, Schertz TX 78154 (210) 658-1613

This program serves individuals who reside in the following zip codes:

78108, 78124, 78132, 78148, 78154, 78247, 78233 (Live Oak only), and 78266

This application **MUST BE** completed and returned to RACAP not later than **October 31, 2024** for Thanksgiving and **November 22, 2024** for Christmas**.** Families may be assigned to outside sponsors/organizations for the food basket or may be provided the food by RACAP.

Please check the holiday for which you are applying. **PLEASE PRINT LEGIBLY**

\_\_\_\_\_ **Thanksgiving Only** \_\_\_\_\_\_ **Thanksgiving & Christmas** \_\_\_\_\_ **Christmas Only**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

STREET ADDRESS (INCLUDE APT #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY//STATE/ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALTERNATE PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you Spanish Speaking Only? Yes or No (circle one)**

Total # of people living in the household (**include yourself**) \_\_\_\_ # of Adults\_\_\_\_\_\_ # of Kids\_\_\_\_\_

**HOUSEHOLD MEMBERS** (List **EVERYONE** in the household)

|  |  |
| --- | --- |
| **FULL NAME AGE** | **FULL NAME AGE** |
| 1- | 6- |
| 2- | 7- |
| 3- | 8- |
| 4- | 9- |
| 5- | 10- |

**RACAP Email:** **racap@att.net** **/ Phone: 210-658-1613 (program our number into your phone).
If you are outside waiting to be serviced and don’t answer you’ll lose your place in line if you are outside and we call.**

# Authorization to Release Confidential Information

I agree and understand that the Randolph Area Christian Assistance Program (RACAP) may request and/or release information and/or records provided in order to assist my family and myself. I understand my information and/or records may be shared among personnel representing agencies or organizations outside RACAP in order to assist myself and/or family. I also agree and understand that RACAP is not legally, morally, or ethically responsible for any actions made by agencies outside RACAP which may arise from the solution of my concerns and needs of my family. I certify the information given to RACAP, verbally and in writing, regarding my household composition, family income and expense, net assets, etc., is accurate and complete to the best of my knowledge. I understand if I deliberately provide false statements or false information, it is grounds for termination of any and all Holiday assistance by RACAP. I have read and fully understand the above statements and realize that I can stop the release of information at any time by notifying RACAP in writing. This release is effective for the duration of the current Holiday Program.

You are **REQUIRED** to notify RACAP if any of your contact information (i.e. new phone #, your phone service is disconnected or suspended; or you move/change address). If at any time during the Holiday Program your sponsor notifies RACAP of difficulty in contacting you or that you have provided them with information different from what you listed on your application, and you have not notified RACAP’s Holiday Program Coordinator of the change you **WILL NOT** receive assistance for the holidays and **WILL BE** barred from receiving future holiday assistance!

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU MUST SUBMIT THESE DOCUMENTS WHEN APPLYING FOR ASSISTANCE:**

Please ensure your application is completed, front and back, with all the required information. When you complete your application, please get out the following items and have them ready to be copied:

1) Photo ID of yourself

2) Social Security cards for **EVERYONE** in the household (will accept birth certificate or passport)

3) Proof of residence within our service area (current utility bill or lease, if applying for rental assistance)

4) Proof of all income and benefits for everyone in the household (last 2 pay statements/stubs from anyone working now or recently; award letters for SSI, SSD, Food Stamps, Unemployment, Housing Assistance, Child Support printout for recent months, etc.)