



**Step 1 - Resource documentation**

(ie: Bank accounts, vehicles, cash, stocks, bonds) document bank names/source.

Name of Owner	Type	Value	Amount Owed (vehicle, property)

**Step 2 - Employment Services:**

List household members and their exemption or registration/education codes:

Household Member Name	Code	Household Member Name	Code

Provide an explanation of individuals with **Code E** (Physically or mentally unfit for employment) or **H** (Cares for a disabled person in the home).

Provide an explanation of individual with **Code S** (Student age 18 or older in school/training program at least half time) document working or in work study program. Document the name and type of school. Also, document if the student is part-time or full-time.

Is there more than one adult household member?  Yes  No  
 If Yes, who is the Primary Wage Earner (PWE)?

**Step 3 - Gross income documentation** (including self-employment income)

**Self-employment income:** Income from one's own business, trade, or profession rather than from an employer. Some individuals may have an employer and receive a regular salary. A person is considered self-employed if an employer does not withhold income taxes or FICA, even if required to do so by law.

Does the household have a member who is self-employed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If Yes, who?	What type of work is done?			
Does the household receive income from renting, leasing, or selling property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If Yes, how many hours are spent weekly on activities for this property income?			
Does the household have any expenses related to their self-employment income? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</span>				
If Yes, document the information below				
Expense Type	Paid to	How often paid?	Amount	Comments

**Earned Income:** Does the household have any earned income?

Yes  No  NA

Document why any income fluctuates and why it is or is not representative.

Household Member who receives this income:				
Employer name:			Name of contact:	
Employer address:			Employer phone number:	
How often are they paid	Pay period ended	Date pay received	Gross amount (before deductions)	Comments
Weekly <input type="checkbox"/>				
Bi-weekly <input type="checkbox"/>				
Semi-Monthly <input type="checkbox"/>				
Monthly <input type="checkbox"/>				
Other <input type="checkbox"/>				
Verification provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <span style="float: right;">If No, document specific information <b>still</b> needed here and on Form H0920.</span>				
If Yes, type of verification:				

Household Member who receives this income:				
Employer name:			Name of contact:	
Employer address:			Employer phone number:	
How often are they paid	Pay period ended	Date pay received	Gross amount (before deductions)	Comments
Weekly <input type="checkbox"/>				
Bi-weekly <input type="checkbox"/>				
Semi-Monthly <input type="checkbox"/>				
Monthly <input type="checkbox"/>				
Other <input type="checkbox"/>				
Verification provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <span style="float: right;">If No, document specific information <b>still</b> needed here and on Form H0920.</span>				
If Yes, type of verification:				

Household Member who receives this income:				
Employer name:			Name of contact:	
Employer address:			Employer phone number:	
How often are they paid	Pay period ended	Date pay received	Gross amount (before deductions)	Comments
Weekly <input type="checkbox"/>				
Bi-weekly <input type="checkbox"/>				
Semi-Monthly <input type="checkbox"/>				
Monthly <input type="checkbox"/>				
Other <input type="checkbox"/>				
Verification provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <span style="float: right;">If No, document specific information <b>still</b> needed here and on Form H0920.</span>				
If Yes, type of verification:				

**Unearned Income:** Does the household have any unearned income?  Yes  No  NA

Document why any income fluctuates and why it is or is not, representative.

Household Member who receives this income:				
Source of unearned income: <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Cash Contributions <input type="checkbox"/> VA <input type="checkbox"/> UIB <input type="checkbox"/> RSDI <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Other				
How often are they paid	Pay period ended	Date pay received	Gross amount (before deductions)	Comments
Weekly <input type="checkbox"/>				
Bi-weekly <input type="checkbox"/>				
Semi-Monthly <input type="checkbox"/>				
Monthly <input type="checkbox"/>				
Other <input type="checkbox"/>				

Verification provided?  Yes  No  NA If No, document specific information **still** needed here and on Form H0920.  
If Yes, type of verification:

Household Member who receives this income:				
Source of unearned income: <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Cash Contributions <input type="checkbox"/> VA <input type="checkbox"/> UIB <input type="checkbox"/> RSDI <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Other				
How often are they paid	Pay period ended	Date pay received	Gross amount (before deductions)	Comments
Weekly <input type="checkbox"/>				
Bi-weekly <input type="checkbox"/>				
Semi-Monthly <input type="checkbox"/>				
Monthly <input type="checkbox"/>				
Other <input type="checkbox"/>				

Verification provided?  Yes  No  NA If No, document specific information **still** needed here and on Form H0920.  
If Yes, type of verification:

**Step 4 - Deductions: Shelter Expenses** Does the household pay shelter expenses?  Yes  No  NA

Rent, mortgage, home owner association fees, tax on home, insurance on home, lot rent, - any amount paid by household member: (If mortgage includes taxes and home insurance, do not list again separately.)

Person making the payment	To the landlord or mortgage co.	How often paid	Amount	Phone/address of person/company being paid and other comments

- Does the SNAP household have any utility costs?.....  Yes  No
- Does the SNAP household pay expenses for any utilities for heating or cooling their home?.....  Yes  No
- Does the SNAP household anticipate receiving LIHEAA payments, such as HEAP or Energy Crisis?.....  Yes  No
- Does the SNAP household pay utility expenses for utilities **other** than a telephone and heating or cooling costs, such as water, garbage or electricity not used for heating or cooling?.....  Yes  No
- Is the household homeless, but has some out-of-pocket shelter costs?.....  Yes  No  NA
  - Describe what and how much those out of pocket shelter expenses are:
   
  
 b. Does the household want to claim the \$143 homeless shelter deduction?.....  Yes  No
- Does the SNAP household pay expenses for a telephone?.....  Yes  No

**Medical Expenses:** Does anyone age 60 or older, or anyone with a disability pay medical expenses?

Yes  No  NA

Document expenses

Person with medical expenses	Source	How often paid	Amount	How is this verified?

Document the name, address and phone number of the medical care provider if not contained on the source of verification:

**Dependent Care Cost:** Does the household pay dependent care costs?

Yes  No  NA

Document costs for each dependent in this SNAP household.

Dependent	Source	How often paid	Amount	How is this verified?

Document the name, address and phone number of the dependent care provider if not contained on the source of verification:

**Child Support Payments:** Does the household pay child support payments?

Yes  No  NA

Document payments made to a dependent outside the household.

Person making these payments	To whom payments are sent	How often paid	Amount	How is this verified?

Document the name, address and phone number of the person whom receives the payment, if not contained on the source of verification:

**Step 5 - Management - Household's Monthly Expenses**

Shelter - \$ _____	Charge accounts - \$ _____	Loan payment- \$ _____
Utilities - \$ _____	Transportation - \$ _____	Insurance - \$ _____
Telephone - \$ _____	Cable TV - \$ _____	Child care - \$ _____
Food - \$ _____	Furniture/App. payments - \$ _____	Medical expense - \$ _____
Car payments - \$ _____		Other - \$ _____
Car maintenance- \$ _____		
<b>Household's total monthly expenses - \$</b> _____		
<b>Household's total monthly income - \$</b> _____		

(Explain "Other")

Document **past**, **current** and **future** management. If expenses exceed income, document how the household intends to, or did pay for their expenses. Also, document which bills are past due.

**Step 6 - Client's Rights and Forms Provided/Explained**

1. **Form H0401**, HIPAA - Privacy Notice, explained and copy provided to the client?.....  **Yes**  **No**
2. **Form H0403**, HIPAA - Explanation of Health Information Privacy Rights, explained and copy provided to the client?.....  **Yes**  **No**
3. **Form H0920**, Client Receipt/Notice from Community Organization, explained and given to client?.....  **Yes**  **No**
4. Did you inform the client that the HHSC may call them to ask additional questions about the information provided?.....  **Yes**  **No**
5. **Form H1019**, Report of Change, was streamlined and non-streamlined reporting discussed and explained, along with the importance of reporting future status Changes?.....  **Yes**  **No**
6. **Form H1105**, Expedited Screening Sheet, completed (submit with completed application packet)?.....  **Yes**  **No**
7. **Form H1106**, Enumeration Referral - Social Security Adm., explained and given to client?.....  **Yes**  **No**  **NA**

If Yes, for whom?	Date	Document problems/disqualification

8. **Form H1805**, FS Rights/Responsibilities, provided and all reminders explained?.....  **Yes**  **No**
9. **Form H1808**, Notice of FS Employment Services Registration, signed by 16-59 year old present at the interview and a copy provided for each person age 16-59 years old not present?.....  **Yes**  **No**
10. **Form H1826**, Case Information Release, signed by the client before working with them?.....  **Yes**  **No**
11. Does client have an existing EBT card that has been used within the past 12 months?  
(EBT card data is purged if not used during past 12 months).....  **Yes**  **No**

If **Yes**, what is existing EBT card PAN number?

6	1	0	0	9	8														
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12. Was a new EBT card given to client?.....  **Yes**  **No**

If **Yes**, Form H1172 must be completed (including client's signature) and attached to this packet.  
If **Yes**, training and explanation of process must be given to the client.

If **No**, Why?

13. Are any household members registered to vote?.....  **Yes**  **No**  **NA**

If **No**, and eligible to vote, provide Voter Registration Packet when requested.

Additional comments:

\_\_\_\_\_ City where CBO is located

\_\_\_\_\_ Print name (CBO Interviewer)

\_\_\_\_\_ Unique CBO identifier No.

\_\_\_\_\_ Signature (CBO Interviewer)

\_\_\_\_\_ CBO Telephone No.

\_\_\_\_\_ Date