



Christian Community Action
 200 S. Mill Street, Lewisville, TX 75057
972-436-HELP
www.ccahelps.org

Please Print Name as it appears on picture ID. Today's Date _____

Social Security Number _____ Appointment Date _____

Name _____ Date of Birth _____
 (last) (first) (middle initial)

Address _____ City _____

State _____ Zip _____ County _____ Drivers Lic/ID _____

Home Telephone _____ Cell _____ Work _____

E-Mail Address _____

Ethnicity _____ Marital Status _____ Gender _____ Race _____

Place of Birth _____ Church _____

How many temporary or permanent household members: _____ Please list additional family members on a separate sheet of paper.

Relationship	Full Name	SS#	D.O.B.	Sex	Race	Child's school Grade next term

What is today's need? _____

Who referred you? _____ Have you or anyone else in your household

been assisted by CCA before? _____ Have you been assisted by another agency? **Yes No**

Which Agency or Agencies? _____

Next of kin or emergency contact with address and telephone number.

PLEASE TURN THIS PAGE OVER AND COMPLETE THE REVERSE SIDE OF THIS PAGE.

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I understand that having an interview with a Family Assistance Coordinator (caseworker) does not guarantee assistance. I understand that all documents and forms copied and completed during this visit become the property of Christian Community Action. I understand that Christian Community Action will not be knowingly a part of any matter or transaction that is dishonest or illegal. Christian Community Action will not report health related information without a HIPPA release form signed by you or the appropriate member of your family; however, if subpoenaed by local, state or federal law, I understand that all contents of this file will be released to the appropriate legal authority.

I understand this is a Christian organization and has been established to help families in crisis needing temporary assistance. I agree to partner with a CCA Family Assistance Coordinator to form a plan of action for my family. I understand all assistance can be terminated if I am not compliant with that plan of action.

I hereby give permission to any person, corporation, society organization, government agency, institution, hospital, or physician to release to Christian Community Action, Lewisville, Texas, information regarding the case of _____ and Christian Community Action hereby is granted permission to release information on a limited basis to any person, corporation, society, organization, government agency, institution, hospital or physician who may be participating in the case management of this person.

I understand that receiving duplicate services from CCA and another agency is not acceptable unless planned by my caseworker and me. Examples of some of these duplicate services could be financial assistance, health services, toys, school supplies/clothing or any CCA service. I understand that the above agreement and guidelines apply to any member of my family.

Signature _____ **Date** _____

Caseworker or Witness _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

MISSION STATEMENT

In the Spirit of Jesus Christ, Christian Community Action ministers to the poor by providing comprehensive services that alleviate suffering bring hope and changes lives.