



# Application for Services Aplicacion Para Servicios

6801 Emmett F. Lowry Exp.  
Texas City, TX 77591

Please print and complete all sections on both pages. Favor use letra de molde y complete todas las secciones en las dos paginas.

## Personal Information (Información Personal)

**Date:**  /  /  **Gender** Male  Female  **Social Security Number**   
 Fecha Sexo Hombre Mujer Número de seguro social

**Applicant's Name**   
Nombre de aplicante

**Email Address**   
Dirección electrónico

**Date of Birth**  /  /  **City of Birth**  **State**  **Maiden Name**   
 Fecha de nacimiento Ciudad de nacimiento apellido de soltera

**Last Grade Attended**  **H.S. Diploma/GED?** Yes  No  **Mother's Full Name**   
 Último grado asistido Nombre completo de la madre

**Marital Status:** Married  Single  Separated  Divorced  Widowed  Common Law  Domestic Partner  Co-Resident   
 Estado de matrimonio Casado Soltero Separado Divorciado Viudo Juntos Pareja doméstico Para no casados

**Languages:** English  Spanish  Other  **Do you read/write at least one language?** Yes  No

**Driver's License No.**  **State:**  **Resident Alien No.**   
 Número del licencia de manejar Número de residente e extranjero

**U.S. Veteran ID**  **Service Dates: Begin**  /  /  **End**  /  /   
 Es Ud Veterano identificación comienzo fin

## Where do you Live? ¿Dónde Vive? (Check one box)

**Apartment**  **Name of Apartment**   
 Apartamento Nombre de su apartamento

**House**  **Landlord Name**   
 Casa Nombre de encargado de su apartamento

**Do not presently have a place to live**  **Landlord Phone Number**   
 No tengo donde vivir Teléfono del dueño

**Other**  **Please explain**   
 Otro explique

**Address**      
 Domicilio Street (Calle) Apt# (De Apartamento) City (Ciudad) Zip (Codigo Postal)

**How will you verify residence?** **Rent Receipt**  **Utility Bill**  **Driver's License**  **Other**   
 ¿Cómo verifica su residencia? Recibo de renta Cuanto de la luz o gas licencia de manejar otro

**How long have you lived at this address?**  **How long have you lived in Galveston County?**   
 ¿Cuánto tiempo tiene de vivir este domicilio? ¿Cuánto tiempo tiene de vivir en el Condado de Galveston?

**Home Phone**  **Work Phone**  **Mobile Phone**   
 Teléfono de casa Teléfono en su trabajo Teléfono móvil

**Emergency Contact Name**  **Emergency Phone**   
 Nombre de contacto de emergencia Teléfono de emergencia

## Who Lives in your Household? ¿Quién mas vive en su hogar? Mark Head of Household, Primary Provider

Last Name Apellido	First Name Nombre	Date of Birth Fecha de nacimiento	H=Head; P=Provider; N=Next of Kin	Relationship Relacion	Social Security No. Número de seguro social

**More Family? Please ask for additional family sheet.** ¿Más Familia? Por favor pida la hoja de la familia adicional.



**Application for Services      Aplicacion Para Servicios**

**Did something happen unexpectedly this month to you or your family that caused a financial problem? Yes  No**   
 ¿Ocurrió algo inesperado este mes en su familia que causó problemas financiero?  
**If YES, please explain. Si la requesta es si, por favor explique. What type of Assistance do you need? ¿Qué clase de ayuda necesita?**


**Income and expenses in the past 30 days: (Dinero que gano en los últimos 30 días y gasros):**

SOURCE OF INCOME De donde viene su dinero	INCOME Dinero Total	EXPENSES Gastos	AMOUNT Cunto
01 WAGES Sueldo		01 Rent/Mortgage Renta / Hipoteca	
02 Social Security Seguro Social		02 Electricity Electricidad	
03 Supplemental Social Security (SSI) Suplemento de seguro social		03 Gas gas	
04 AFDC Dinero para los niños		04 Water agua	
05 Food Stamps Estampillas para comida		05 Medicine Medicina	
06 Child Support Dinero para la familia		06 Telephone Teléfono	
07 Unemployment Beneficios de desempleo		07 Food Comida	
08 VA Benefits Beneficios para los veteranos		08 Transportation Transportación	
09 Worker's Compensation Compensacion al trabajador		09 Other Otro	
10 Pension Pension			
11 Other Otro			

ASSET DESCRIPTION Descripción de sus propiedades	VALUE Valor

**I solemnly swear (or affirm) that the information included on this form is true to the best of my knowledge.  
 (Yo juro que la información en esta forma es la verdad de acuerdo ami mejor conocimiento.)**

/
/
/

**Applicant's Signature** (Firma)

**Date** (Fecha)



# Authorization of Use and Disclosure

Authorization for the use and disclosure of personal information acquired through The Jesse Tree Application, screenings, and interviews and that is entered into the electronic database.

**Client name (print):** \_\_\_\_\_

**Clients address (print):** \_\_\_\_\_

**Client Date of Birth:** \_\_\_\_\_ **Casework ID#** \_\_\_\_\_

By signing this Authorization Form, I understand that I am giving my authorization to agents accessing the electronic database to use and/or disclose any data entered into the electronic database including any protected health information as described in more detail in the paragraphs below to any other user of the electronic database or any other agency to which I am referred for assistance.

Protected Health Information includes but is not limited to the following types of information:

Name, Address, Phone number, Gender, Date of Birth and/or age, City and State of Birth, Financial Data, Social Security Number, Driver’s License Number, Veteran ID Number, Alien Resident ID Number, Alien Resident ID Number, Names of household members or relatives, their date of birth or age, social security number gender Medical conditions including conditions such as:

- (1) Acquired immunodeficiency syndrome (“AIDS”) or
- (2) Human immunodeficiency virus (“HIV”) (3) Drug and or alcohol abuse
- (4) Mental or behavioral health or psychiatric care

Results from screenings concerning my health, race, religion

Notes made by agents based on interviews conducted by them especially related to health issues

I understand that the information collected about me maybe used to refer me for Treatment, Payment, or Operations related actions.

I understand that the information collected about me maybe used for research purposes and the results of this research may be published. In the event research results are published, no personally identifying data will be included in the published materials.

I understand that the information collected about me maybe used to apply for grants or to solicit donations from the community. In the even data is used in this manner, no personally identifying data will be included in the published information.

I understand that I may request a copy of data held in the electronic database about me. I understand that I may be charged a modest fee for copying/printing this information.

I understand that if I disagree with data held about me, I may make a request to have the information modified. These requests should be directed to The Jesse Tree, P.O. Box 575, Galveston, TX 77553. I further understand that The Jesse Tree, at its sole discretion will determine whether or not to make the modification and that the original information will remain with attached notes agreeing to the requested changes.

I understand that I can revoke this authorization at any time by completing and submitting the proper form to The Jesse Tree, P.O. Box 575, Galveston, TX 77553 or in person.

\_\_\_\_\_  
Signature of client or client representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If representative, print Name

\_\_\_\_\_  
Relationship of Representative to Client

U.A. confidentiality form\_0213.doc

*"A shoot will come up from the stem of Jesse; from his roots a branch will bear fruit." Isaiah (11:1)*



## The Jesse Tree Service Agreement

This Service Agreement form is used in conjunction with all Jesse Tree Screening forms, including the Universal Application packet, on-line case management application assessment and subsequent assignment of Triage Levels. It represents an agreement between yourself and The Jesse Tree to assist you in moving your life forward in the direction of genuine well-being.

Once you have agreed to participate in the screening and assessment process and have signed the corresponding documents in the The Jesse Tree Application packet, the person with whom you are working may have several suggestions on where and how you can find social services, medical care and ministerial assistance. In return, we require your willingness and your action to keep appointments and follow-up on these opportunities. Your life is precious – *treat it accordingly*.

The agreement is designed to promote dignity and quality service for and from everyone involved.

Service Agreement means to follow closely, to carry out or to follow through with something. To help you adhere to the plan worked out between you and your Resource Coordinator/Case Manager, The Jesse Tree has established four Triage Levels to help prioritize your needs and responsibilities:

Level 1 -- Indicates an urgent situation of a one-time nature. The problem can be easily verified and resources can be easily located to solve the problem immediately. Once solved, the problem is not expected to occur again, and stability is restored. The case can be closed.

Level 2 -- Indicates multiple problems have existed for several weeks, months or longer. In some cases, complicated problems have existed for over one year and are chronic in nature. The range of problems present at this level may include chronic medical conditions, mental health or substance abuse problems, and lack of education or job training. Although the problems cannot be solved in one day, they are manageable and relative stability toward successful, long-term treatment can be achieved in several weeks or months. You will keep appointments and show strong determination to solve these problems.

Level 3 -- Indicates a Level 2 assessment; however, after your initial assessment appointment, you have missed 50% of all follow-up appointments in your service agreement planning and seem to focus on immediate needs rather than long-term solutions. Therefore, you must complete at least one major step in the planning process in order to be allowed to continue working with your Resource Coordinator/Case Manager.



## The Jesse Tree Service Agreement - continued

Examples of major steps include but are not limited to:

Keeping an appointment or enrolling in a program.

Consistently attending classes, such as Diabetes or Chronic Conditions Management Classes, Substance Abuse support groups, etc.

Upon verification of completion of major step to your Resource Coordinator/Case Manager, your Service Agreement Planning will revert to Level 2 status and you may proceed with regular appointments. (Independent verification of step completion is required.)

Level 4 -- Indicates that an incident report is on file for client non-compliance with Level 3 indications within (period of time, like one year – how long to we want to give the Level 3s to cooperate?) or one or more of the following reasons:

- Use of vulgar, hostile or threatening language
- Violent behavior
- Incarceration
- HELP Loan default

As a result, your communication with TJT will be limited to phone communication with the assigned case supervisor until further notice. You will not be allowed on premise or access to any of TJT support services, apart from phone support, until your case has been reassigned to Level 3 status.

It is the aim of this agreement to support the completion of your plan for well-being. The more steps taken to accomplish the Service Agreement Plan, the sooner your case will resolve and the quicker you will achieve stability in your life. Your signature below indicates that you agree to the terms of this Service Agreement Planning process.

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Client Signature/date

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(Please print name)

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Jesse Tree Agent Signature/date

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(Please print name)