

Panhandle Community Services Needs Assessment

I am seeking assistance with:

- Food
- Utility Bills
- Weatherization
- Information and Referrals
- Other _____ Household Items _____

Indicate your job situation:

- I am employed full time or part time
- I am not employed
- I am not employed now, but I have worked within the past 30 days
- I am unemployed, and receiving unemployment
- I receive child support or TANF
- I receive Social Security/SSI/Pension

What circumstances led you to apply for assistance today? _____

Are you healthy enough to work?	Yes	No
Do you have a car that you can count on to get to work?	Yes	No
Can you use the bus?	Yes	No
Do you know someone you can count on to take you to work?	Yes	No
Do you have childcare now?	Yes	No
Could you work or volunteer while your children are in school?	Yes	No
Do you have a high school diploma, GED, or higher education?	Yes	No
Have you taken any business courses or technical training?	Yes	No

**Employment Experience: Do you have experience in any of the following fields?
circle all that apply)**

Head of household _____ Are you disabled? No _____ Yes _____ (If yes, please stop here)

Agriculture	Domestic	Landscaping	Security
Automotive	Fast Food	Nursing	Teaching/Education
Childcare	Grocery	Retail	Technical/Computer
Clerical	Hotel	Restaurant	Transportation
Construction	Janitorial	Sales	Other _____

Spouse _____ Are you disabled? No _____ Yes _____ (If yes, please stop here)

Agriculture	Domestic	Landscaping	Security
Automotive	Fast Food	Nursing	Teaching/Education
Childcare	Grocery	Retail	Technical/Computer
Clerical	Hotel	Restaurant	Transportation
Construction	Janitorial	Sales	Other _____

Panhandle Community Services
 Comprehensive Energy Assistance Program
 Elderly Household Eligibility Priority Rating

Name: _____ Case#: _____

Category	Points
I. Elderly or Disabled Household Member	
Elderly and Disabled and Head of Household	3
Elderly or Disabled and Head of Household	2
Elderly or Disabled and not Head of Household	1
II. PERCENT OF INCOME UTILIZED ON ENERGY COST	
50% and Over	6
40% 49%	5
30% 39%	4
20% 29%	3
10% 19%	2
5% 9%	1
III. 0	
50%	4
51 75%	3
76 100%	2
101 125%	1
IV. FIRST TIME POTENTIAL PARTICIPANT	
	6
V. EXTRAORDINARY CIRCUMSTANCES IN HOUSEHOLD - 6	
Maximum Points	25

Client Points _____

PCStaff Signature _____ Date _____

** ATTACH PRINT OUT OF BUDGET FROM TRACKER.

Panhandle Community Services
 Comprehensive Energy Assistance Program
 Non-Elderly Household Eligibility Priority Rating

Name: _____ Case#: _____

Category	Points
I. Elderly or Disabled Household Member	
Elderly and Disabled and Head of Household	3
Elderly or Disabled and Head of Household	2
Elderly or Disabled and not Head of Household	1
II. PERCENT OF INCOME UTILIZED ON ENERGY COST	
50% _____ and Over	6
40% _____ 49% _____	5
30% _____ 39% _____	4
20% _____ 29% _____	3
10% _____ 19% _____	2
5% _____ 9% _____	1
III. 0	
_____ 50% _____	4
51 _____ 75% _____	3
76 _____ 100% _____	2
101 _____ 125% _____	1
IV. FIRST TIME POTENTIAL PARTICIPANT	
_____	6
V. EXTRAORDINARY CIRCUMSTANCES IN HOUSEHOLD - 6	
Maximum Points _____	25

Client Points _____

PCStaff Signature _____ Date _____

** ATTACH PRINT OUT OF BUDGET FROM TRACKER.

PCS 10/22/03

Attachment 4c
 pcs10/22/03



making life better,
one family at a time.

Panhandle Community Services

Notification of Approval

Client Case#:

Panhandle Community Services
1011 E Park
Hereford, Texas 79045
806-364-5631

Date: _____
 Name: _____
 Address: _____
 City/Zip: _____
 Phone: _____

Your application for assistance has been approved and will be provided from the following program(s):

_____ CSBG _____ CEAP _____ Other: _____
 Type of assistance received(this request):
 _____ Utility _____ Fuel _____ Other: _____

	Month	Paid To		Max Allowable Balance	Who Resolved	How Was it Resolved	Date/Time Resolved
1							
2							
3							
4							
5							
6							
7							
8							

Gave information sheet to client? _____ Yes _____ No

Signature of Authorized Staff _____

Date _____

Office Location: PCS PLAZA*1309 West 8th Ave*Fax373-81-43*