2.3.7.4 COVID RELIEF GRANT APPLICATION

Please Block Print	Initial contact ///////////////////////////////////		
Name: First	MI Last		
Chosen Name:			
Home Address:			
City: State: Zip: Zip:			
May we send you mail to this address? Do you own rent other at this	_ , _		
Cell Phone: () Way we text reminders about appts? yes no The Montrose Center staff will only leave their name and phone number (713.529.0037). If we can leave a more detailed message, it may expedite your assignment to a Therapist. May we leave a private/confidential message? Cell			
May we email you about appointments? yes no			
Social Security #: \(\bigcup \) \(\bigcup \) \(\bigcup \)			
Driver's License #: State: State:			
Household Income \$, Other Resources: \$			
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Continuity of Care Grant Subsidy Applications
☐ White ☐ Other, explain: ☐ Decline to Answer
If Asian: Asian Indian Chinese Filipino Japanese Korean Vietnamese Other/Multi Asian
How did you hear about the Montrose Center?
Are you a U.S. citizen ? yes no o Green card? yes no Visa? yes no
Were you born outside the US? ues no
Are you a veteran ? \square Vet honorable discharge \square not a vet \square active duty \square vet other than honorable discharge
Are you a spouse/partner, child, or dependent family member of a veteran/active duty military? yes no
Marital status: legally married domestic partnership single Married but separated Widowed
Employment status: unemployed, not sought in past 30 days unemployed, sought in past 30 days unemployed, secured a position PT (<35 hrs/wk) FT (>35 hrs/wk) not in labor force
Primary Spoken Language:
Do you have health insurance? yes no
Do you have any physical disabilities? (check all that apply)
mobility hearing sight speech reading learning other:
Do you have any special needs ? (check all that apply)
Do you have any physical challenges for which personal care assistance is needed while here?
Community resources: Are you receiving COVID services from any other agencies? yes no If yes, where:
I understand that this support is limited to \$1,000 per household and can be used for rent, utilities or food. I understand I mus provide a copy of my lease and a W-9 from my landlord for rental support or utility bill for utility support. Food support will be provided through gift cards.
I further agree that if I bring someone into my case management session that I am consenting to them having the information

discussed in that session. I understand that this consent does not extend outside of the session unless I have signed a specific release allowing them to do so.

I understand that my case manager may offer a tele-session for case management using videoconferencing or telephone technology. My case manager has explained to me how the Doxy.me video conferencing technology will be used and that I will not be in the same room as my case manager. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my case manager or I can discontinue the tele-session if it is felt that the videoconferencing connections are not adequate for the situation. I understand that if other staff are present during the session other than my case manager, they will maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the session and I will have the right to request the following: 1) omit specific details of my history that are personally sensitive to me; (2) ask the other person to leave the tele-session room: and or (3) terminate the session at any time. I have had the alternatives to tele-session explained to me, and am choosing to participate in a tele-session. I have had a direct conversation with my case manager, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand. By signing this form, I certify: 1) That I have read or had this form read and/or had this form explained to me, 2) That I fully understand its contents including the risks and benefits of the session(s), 3) That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction, and I consent to services provided via telehealth. I voluntarily consent to receive services from the Montrose Center.

Continuity of Care Grant Subsidy Applications I understand that this application expires six months from the last date of services at the Montrose Center.		
Client's Signature	/	

The following documentation must be attached or completed ~ Identity: TDL Other picture ID SS card Other ~ Income: Lay-off or Furlough Notice Pay Stub Other Other — Supporting documentation: Landlord W-9* Current Copy of HCAD landlord verification		