



Brazos County Home Repair Coalition

Intake / Referral Form

Applicant Information			
Name:		Age:	For Office Use: _____
Address:			
City:	State:	Zip:	Contact Phone:
Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Lives w/ Partner			
Disabled Home Occupant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Describe: _____			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Black and African American <input type="checkbox"/> White American <input type="checkbox"/> Asian American <input type="checkbox"/> Other: _____			
Resident Information:			
Currently Occupy Home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number Occupants Under 18 Years Old? _____	Annual Household Income? _____
House Information:			
Do You <input type="checkbox"/> Own or <input type="checkbox"/> Rent <input type="checkbox"/> Other? If Other, Please Describe: _____			
Year House Built? _____	Years You Have Lived in House? _____	Property Taxes Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Approx. Square Footage? _____	Do You Have Homeowners Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Repairs In Past Two Years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please List Repairs and By Whom: _____			
Service Categories (For Office Use) – Do Not Complete:			
<input type="checkbox"/> Weatherization	<input type="checkbox"/> Home Security	<input type="checkbox"/> Wheelchair Ramp / Access	<input type="checkbox"/> Porch Repair
<input type="checkbox"/> Window Repair / Replace	<input type="checkbox"/> Siding Repair	<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Floor Repair
<input type="checkbox"/> Door Repair / Replace	<input type="checkbox"/> Sheetrock / Paneling	<input type="checkbox"/> Appliance Repair / Replace	<input type="checkbox"/> Interior Cleaning
<input type="checkbox"/> Roofing	<input type="checkbox"/> Lighting	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical
<input type="checkbox"/> HVAC	<input type="checkbox"/> Smoke / Fire Detection	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Exterior Cleaning
<input type="checkbox"/> Trash / Waste Mgmt.	<input type="checkbox"/> Painting / Paint Prep	<input type="checkbox"/> Mold / Mildew	<input type="checkbox"/> Appliance Venting
<input type="checkbox"/> Ongoing Maintenance	<input type="checkbox"/> Septic System Repairs	<input type="checkbox"/> Safety: Grab Bars / Hand Rails	<input type="checkbox"/> Aging in Place Items
List Others: _____			
Home Repair Request:			
Describe Needed Home Repairs:			
Acknowledgements:			
The information provided is true and accurate to the best of my knowledge. Furthermore, I authorize the enclosed contact information to be shared, with other Brazos County Home Repair Coalition Members, in order to contact me about performing work on my home. Completion of this form doesn't not provide a promise that BCHRC Members will work on your home.			
Homeowner's Signature:			Date:
BCHRC Member:		BCHRC Organization:	



Form Revision: April 4, 2018



We are the beloved community...
The Brazos Valley

**Brazos Valley
CharityTracker Network
RELEASE OF INFORMATION (ROI)**

Last Name: _____ First Name: _____ MI: _____
Address: _____ City, State: _____ Zip: _____
Date of Birth: _____ Phone: _____
mm/dd/yyyy

The **Brazos Valley CharityTracker Network** is a computerized, cloud-based database system utilized by agencies and churches in the Brazos Valley who collaborate with each other to provide the best assistance possible to those who are in need of assistance.

I understand that all information gathered about me is personal and private and that I do not have to participate in the Brazos Valley CharityTracker Network. I have had an opportunity to ask questions about the Network and to review the basic identifying information, which is authorized by this release for the Brazos Valley Network Participating Agencies and Churches to share.

This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request in writing to the Brazos Valley Network by emailing charitytracker@st-joseph.org that I no longer wish to participate.

<u>Dependent's Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____

I authorize, _____ as part of the Brazos Valley CharityTracker
(Name of Agency/Church/Organization)
Network, to share my basic, identifying, and non-confidential service transactions/information with other Network Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above.

X _____
Client and/or Parent-Legal Guardian's
Authorizing Signature

X _____
Printed Name
Date: _____

X _____
Agency Representative Signature

X _____
Printed Name
Date: _____