



Eligible Social Services Statement

This Eligible Social Services Statement is required to determine the type of social services provided by the 501(c)3 Non-profit organizations who are applying for the program.

Type of Social Service: Check applicable block(s)

___ **Access to Basic Supports.** Programs and services within this issue area provide:

- access to food to prevent hunger and promote wellness;
- access to transportation for critical needs and to improve transportation utilization; and
- access to legally entitled benefits for identified populations.

___ **Behavioral Health.** Programs and services within this issue area provide prevention, intervention, and treatment to adults and children. The service systems encompass the promotion of emotional health, the prevention of mental and substance use disorders and related problems, treatments and services for mental and substance use disorders, and recovery support.

___ **Child and Youth Development.** Programs and services within this issue area promote physically and emotionally healthy infants, children, youth, and their families through a variety of programs and services which are available, affordable, accessible, and meet expected local, state, and national standards of quality. The scope of these services includes prevention, intervention, and early diversion programs.

___ **Housing Continuum.** Programs and services within this issue area promote both availability of and access to safe, decent, affordable, and stable housing. Programs span the housing continuum from providing temporary shelter to rental and homeownership assistance. Goals of the services are to prevent homelessness, reduce housing cost burden, and promote housing stability.

___ **Public Health.** Programs and services within this issue area work to improve the health and well-being of community members by encouraging healthy behaviors; providing health education programs; reducing the occurrence and impact of disease.

___ **Safety Intervention Services.** Programs and services within this issue area promote the safety and well-being of individuals, families, and communities that have experienced victimization, loss, and/or harm.

___ **Supportive Services for Community Living.** Programs and services within this issue area work to promote independence and well-being of persons in need of and able to benefit from assistance to support community living. Toward this end, they work to empower these individuals to: make their own decisions and life choices; live in the home while ensuring the safety of the person and environment; and maximize quality of life and community engagement.

___ **Workforce Development.** Programs and services within this issue area provide a continuum of employment, training, and adult education services to help individuals improve workplace skills, obtain employment, succeed in the workplace, and help employers secure a skilled workforce.

___ Non-Profit does not provide social services that fit within the scope of Travis County HHS as described.

The undersigned hereby represents that the information in this application is true and correct. The undersigned further understands that if upon investigation, it is determined that incorrect information was knowingly or willfully provided or that false representations were otherwise made in connection with this application, certification shall be denied and the matter shall be evaluated for possible sanctions under the law. The undersigned hereby authorizes Travis County to permit BCL of Texas to obtain additional documents from applicant to determine proof of certification if needed. A material or false statement or omission made in connection with this statement is sufficient cause for denial of application or revocation of prior approval.

WARNING: The information provided on this form is subject to verification by the Department of Treasury at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Non-Profit Name

Executive Director/CEO

Date

ED/CEO Signature