Intake1® Frequently Asked Questions

One Household. One Record. One Mobility Plan. One Shared Outcome.

This FAQ explains the Intake1 household-centered operating model, how staff and authorized agencies share one household record and Protected Household Document Library, what requires government authority, how implementation and training are structured, and what the current evidence does - and does not - establish.

CORE OPERATING RULE Intake1 first. Funder paperwork second. The household tells the story once and provides each document once whenever feasible.	**STAFF OPERATING PRINCIPLE** One worker establishes the baseline. Specialists share responsibility for the plan, the case notes, and the protected document continuity.
AVAILABLE NOW A multi-program Single Agency or an authorized Lead Agency can begin with one record and one protected document library at the level of authority it already holds.	**REQUIRES PUBLIC AUTHORITY** Common eligibility, benefit tapering, reserved cross-agency capacity, retirement of required systems, and shared document acceptance require waiver, statutory, contractual, or policy authority.
EVIDENCE POSTURE Project Unity's practice proves the single-organization operating foundation. Cross-agency workload sharing and workforce-retention effects still require demonstration and evaluation.	**PRIVACY AND DOCUMENT BOUNDARY** Authorized organizations co-serve the household through one protected record. Access to individual documents remains limited by authorization, role, purpose, sensitivity, and law.

1. Understanding Intake1

What is Intake1?

Intake1 is a household-centered upward mobility infrastructure designed to coordinate services, preserve one household story, measure progress, and help households move toward stability and lasting economic independence. It is a prescribed technology-and-practice model: the software holds the record, while the operating model defines the assessment, documentation, roles, authority, financial controls, supervision, training, and outcome expectations.

What problem was Intake1 created to solve?

Households experience housing, income, employment, childcare, health, education, transportation, safety, legal issues, and family responsibilities at the same time. Public and nonprofit systems usually divide that life into separate programs, forms, databases, eligibility rules, case notes, plans, and reports. Intake1 supplies the missing shared operating layer beneath those programs.

Is Intake1 simply a software product?

No. Intake1 uses technology, but its value comes from the prescribed household-centered practice that lives inside the technology. Without common definitions, one Assessment, the First Case Note, shared documentation standards, fund-code and Business Office controls, supervision, and shared outcome measurement, the software would become another disconnected database.

What is Intake1 not?

It is not another stand-alone program, a referral directory, a one-stop location with separate front doors, an advisory coalition, an optional after-the-fact data-entry tool, or a customizable database that each agency reshapes. It does not replace professional judgment, participant voice, specialized programs, privacy safeguards, or legitimate funder accountability.

Does Intake1 eliminate existing programs or specialists?

No. Housing, workforce, health, childcare, education, legal, reentry, nutrition, family-support, and other specialists retain their expertise, program responsibilities, fiscal controls, civil-rights duties, and required reporting. Intake1 changes the shared foundation from which those specialists work; it does not erase the programs.

What does “household-centered” mean?

The household becomes the organizing unit. Staff begin with the complete household reality before dividing the work into programs. Services are treated as tools for household movement rather than as the destination. The central question becomes: what is preventing this household from becoming stable and economically independent?

What are the ten Intake1 domains?

The current materials identify: Health; Nutrition; Housing and Utilities; Income Stabilization; Employment and Training; Childcare and Early Learning; Education; Justice and Reentry Support; Child and Family Welfare; and Legal and Safety. Every specialist does not have to become an expert in all ten domains; every specialist does need to begin with the same household picture.

Who is the priority population?

For the proposed demonstration, the planning priority is multi-person households with combined annual income of $50,000 or less, especially households with multiple simultaneous needs, benefit-cliff exposure, or a documented Household Mobility Gap. That planning target should not be confused with the household-specific cost of full stability.

Why do the materials show an annual family budget of about $84,000 to $85,000 while Intake1 targets households under $50,000?

The approximately $84,000 to $85,000 figure is a Brazos County reference for what one working adult with two children may need for full household stability. The book separately identifies $50,000 as Intake1’s near-term target at the edge of the benefit cliff. The higher figure illustrates the full cost of living; it is not the program’s initial income target for every household.

2. How the Intake1 Workflow Works

Who completes the Intake1 Assessment?

A trained staff member conducts a staff-administered personal interview. Intake1 is not intended to be a self-completed screening form. In a shared implementation, the first authorized participating program or organization that reaches the household searches for an existing record and, when none exists, opens the record and completes the Assessment. In a Single Agency implementation, trained program staff carry that workflow inside the organization.

What is the First Case Note?

The First Case Note is the readable baseline narrative generated from the completed Intake1 Assessment. It gives the next provider a concise whole-household picture across the ten domains. When income, household composition, or circumstances materially change, the information can be updated and the baseline regenerated so movement remains visible over time.

Does the household have to repeat its story for every program?

The operating standard is no. Staff search for an existing household record, review what is already known, update only what changed, and ask only for missing, program-specific, or time-sensitive information that is genuinely required. Staff also review the Protected Household Document Library before asking for proof the household has already provided. In a Single Agency model, required funder forms may still remain, but they should be completed from Intake1 rather than by restarting the household interview or rebuilding the document file.

What is the basic workflow?

The core sequence is:

1. The household enters through any authorized participating program or organization.
2. Staff search before creating a record and complete the Intake1 Assessment when no current shared record exists.
3. Intake1 creates the First Case Note and shared whole-household baseline.
4. Available documents are uploaded to the Protected Household Document Library and tagged by household member, type, source, date, verification status, and review or expiration date.
5. Staff review all ten domains and identify strengths, barriers, income, benefits, urgent risks, and opportunities.
6. The Household Mobility Plan assigns actions, responsible specialists, resources, sequence, timelines, and expected outcomes.

7. Each specialist carries the work related to that specialist's expertise, reviews existing documents before requesting new proof, and documents actions, decisions, material changes, outcomes, and next steps in the shared record.
8. Required program and funder tasks are completed from the verified household record and existing current documents whenever legally permissible.
9. Supervisors, the Business Office, data staff, Integration Specialists where used, and authorized decision-makers monitor quality, document integrity, investment, fidelity, and household movement.

How do several programs or agencies serve the same household?

The first authorized participating organization creates the baseline once. Every later authorized program or organization begins with that same First Case Note and Household Mobility Plan. Staff do not repeat the full Assessment simply because the household entered another program. They review the existing record, update what changed, complete only genuinely required program-specific steps, and bring specialized expertise to the barriers assigned to them. Their case notes become part of one continuing household story.

Does the worker who completes the Assessment become responsible for every need identified?

No. Completing the Assessment creates shared visibility; it does not make the first worker an expert in every domain or personally responsible for resolving every barrier. One worker establishes the baseline. Housing, health, workforce, childcare, education, legal, family-support, and other specialists then share responsibility for the work identified through the First Case Note and assigned through the Household Mobility Plan.

What is the Household Mobility Plan?

It is the single roadmap connecting household goals, barriers, actions, responsible staff, resources, sequence, timelines, and expected outcomes. Programs still own their specialized work, but that work is connected to one household destination rather than managed as unrelated service transactions.

How does Intake1 preserve program-specific requirements?

Fund codes, case actions, performance indicators, reporting fields, attachments, and Business Office entries allow program and funder reporting to be produced from the shared household record. Intake1 adds household accountability; it does not eliminate required program accountability. Non-waivable eligibility, payment, claims, or audit systems may still receive the data elements they legally require.

How are referrals handled differently?

Within an authorized Intake1 network, a blind referral is replaced by a visible, accountable assignment whenever the receiving program is a participating organization. The receiving specialist can review the same household context, see why action is needed, record acceptance or delay, document the service or decision, and enter the outcome. Staff communicate directly through the shared record, case notes, assignments, and status updates instead of relying on repeated phone calls, emails, or the household to carry messages between agencies. Referrals to providers outside the authorized network may still require traditional follow-up.

What is the Household Investment Ledger?

The Investment Ledger connects dollar-value assistance to the household record. Business Office staff record the funding source, amount, date, purpose, authorization, barrier addressed, and outcome link. This preserves fund-level financial integrity while showing the total public, private, and nonprofit investment made on behalf of the household.

How does Intake1 address benefit cliffs?

Intake1 brings income, benefits, household composition, childcare, housing, health, transportation, and other costs into one view so staff can see the combined effect of an earnings increase. A Single Agency can identify and plan around cliff risk, but it cannot change government benefit rules. An authorized demonstration can test continuous eligibility, gradual tapering, temporary bridge support, and the No-Net-Loss Principle.

What is the Household Mobility Gap?

The Household Mobility Gap is the distance between the household-specific cost of stability and the reliable earned income, benefits, and other resources available to the household. It is intended to show what combination and sequence of support would close the real gap rather than simply which separate programs the household qualifies for.

How is success measured?

Program measures remain, but the system also asks whether the household moved. Measures may include income and net resources, employment and credential progress, housing and utility stability, childcare stability, education, health access, safety, family stability, reduced crisis use, savings, reduced dependency, and progress toward economic independence. Administrative burden, staff time, total investment, cost per outcome, privacy, implementation fidelity, and workforce experience should also be measured.

3. Protected Household Document Library and Shared Verification

UPLOAD ONCE. VERIFY ONCE WHERE PERMITTED. REUSE ACROSS AUTHORIZED PROGRAMS.

Why is document upload a core part of Intake1?

A shared household record is not fully shared when the household still has to locate, copy, carry, email, and upload the same proof for every program. Illustrative benefit and Head Start materials show recurring requests for identity and citizenship records; income, tax, and benefit documents; bank and asset information; leases, rent, mortgage, and utility records; family-composition and child-support documents; childcare and medical expenses; insurance, military, homelessness, foster-care, and related proof. Intake1 makes document continuity part of the operating model. The first authorized doorway uploads available proof, and later authorized staff review the protected library before asking the household to produce it again. Requirements vary by program and over time, so each receiving program still applies its current legal and verification rules.

How does the Protected Household Document Library work?

Relevant documents are attached to the continuing household record and organized by household member, document type, issuing source, and date received. Staff record whether the item has been reviewed or verified, who completed the verification, the verification date, any review or expiration date, and the current version. Authorized programs can then use the same current document when it remains relevant, sufficient, and legally permissible. Older versions can be retained when they are needed to explain a change, support an audit, or preserve the household history.

Does storing a document in Intake1 make it automatically acceptable to every program?

No. Technology makes a document available; law, policy, contracts, and interagency agreements make it reusable. A Shared Document Acceptance Standard should require participating programs to recognize current, verified documents in the protected record whenever legally permissible and should prohibit requesting another copy solely because the household entered through a different program or agency. Program-specific recency rules, original-document requirements, independent verification, statutory duties, and audit requirements remain applicable and should be identified clearly rather than assumed.

When may a household be asked to provide a document again?

A new item may be requested when the existing document is missing or unreadable; has expired or no longer meets a required recency period; no longer reflects current household circumstances; is insufficient for the determination being made; or must be independently or newly verified under law, regulation, contract, or audit rule. Intake1 should record the reason for the request so that a legitimate exception does not quietly become the default practice for every household.

How are uploaded documents organized and protected?

Document access is governed at the document level as well as the household-record level. The model uses informed household authorization, role- and purpose-based access, data minimization, and additional restrictions for especially sensitive information. The record should show the household member, document type and source, upload date, verification status and verifier, review or expiration date, and version history. Audit trails should record access, viewing, downloading, replacement, and verification decisions. Intake1 should also support view-only restrictions where appropriate and a household process for questioning or correcting inaccurate information. Not every user who can view part of the household record should automatically be able to open or download every document.

What should a demonstration measure about document reuse?

The evaluation should measure duplicate document requests eliminated; the percentage of required proof supplied from the existing household record; staff time spent requesting, receiving, scanning, naming, verifying, and organizing documents; household trips, uploads, emails, calls, and appointments avoided; time from application to eligibility or service decision; delays caused by missing, stale, or expired proof; document correction and update rates; unauthorized access or privacy incidents; and the household experience of dignity, clarity, and administrative burden.

4. Shared Staff Workload and Workforce Experience

How does Intake1 change the staff workload?

Intake1 is designed so one frontline worker no longer has to carry the full coordination burden created by disconnected systems. The first worker establishes the shared baseline and uploads the available household proof. Authorized specialists then carry the parts of the plan related to their professional expertise. Because the Protected Household Document Library remains with the record, staff should spend less time calling colleagues, searching email, rescanning documents, or asking the household to serve as the filing system between programs. The workload is distributed across the team, while the household story, documents, Mobility Plan, case notes, and outcomes remain connected in one record.

How do staff communicate about the same household?

Authorized staff work from the same First Case Note, Household Mobility Plan, case notes, assignments, status updates, document library, verification history, and outcomes. A housing specialist can see the baseline created at the first doorway; a workforce or health specialist can see what has already been provided and documented; and each specialist records what changed, what was done, what proof was used, what remains unresolved, and what the next provider needs to know. The household is not expected to carry messages or documents between the professionals serving it.

Does Intake1 eliminate referral chasing?

Within the authorized network, Intake1 is designed to replace blind referrals and document chasing with visible, accountable action. The receiving specialist can review the same household context and available proof, accept or decline the action, document delay or capacity limits, provide the service, and record the outcome. Traditional follow-up may still be needed for providers outside the Intake1 network, when capacity is unavailable, or when a new document is legitimately required.

Could Intake1 reduce staff burnout and turnover?

That is a central intended workforce outcome, not yet a proven result. Intake1 is designed to reduce conditions that contribute to burnout and turnover: repeated intake, duplicate documentation, referral chasing, unclear responsibility, isolated decision-making, loss of case history when staff leave, and pressure on one worker to solve needs outside that worker’s expertise. A rigorous demonstration should measure administrative time, referral follow-up time, time available for direct work, role clarity, job satisfaction, burnout, turnover intentions, and actual retention.

Is cross-agency workload sharing how Project Unity currently operates with outside agencies?

No. Project Unity’s twenty-two years of practice demonstrate that one organization can operate Intake1 across multiple internal programs and funding streams. The broader model in which separately governed participating organizations jointly serve the same household, share domain-specific responsibility, and document in one protected record is the Intake1 vision for an authorized Lead Agency, State Infrastructure, or national implementation. It should be described and evaluated as the future operating model, not as a claim about current outside-agency practice at Project Unity.

5. Privacy, AI, Roles, and Fidelity

Does every user see everything about every household?

No. Approved participating users work under informed household authorization, role-based permissions, confidentiality and acceptable-use rules, audit trails, data-minimization expectations, correction procedures, and consequences for misuse. Document access is controlled separately when needed: a user may be able to see the household plan without being permitted to open or download every uploaded document. Especially sensitive records can carry additional document-level restrictions. Access and use are controlled by role, purpose, consent, sensitivity, program policy, and law.

How is participant consent handled?

The model uses one clear Intake1 authorization process explaining what information is collected, why it is needed, how it may be used, which approved roles or organizations may access it, and how the household can question or correct inaccurate information. Separate legally required releases may still be obtained, but they should not trigger another full intake.

Can artificial intelligence make eligibility, funding, priority, or service decisions?

No. AI-assisted features may help staff summarize long records, identify patterns, or support education and training readiness review. AI output remains subject to trained staff review, participant voice, professional judgment, supervision, privacy safeguards, and correction. Final eligibility, funding, prioritization, and service decisions remain human responsibilities.

Can an agency customize Intake1?

The local implementation can configure agency names, programs, fund codes, referral partners, locations, users, permissions, required local program information, and training logistics. It cannot change the prescribed core: the Assessment meaning, ten-domain framework, First Case Note purpose, household language, documentation standard, authorization principles, Investment Ledger standard, shared-accountability framework, or certification rules. The pricing materials also state that there are no partial-domain pilots or site-specific redesigns.

What roles make the model work?

Core responsibilities include Executive Leadership, trained frontline Intake1 users, program and domain specialists, supervisors, the Business Office, the Data Administrator, and the whole-household stewardship function. Cross-agency or demonstration models also use Integration Specialists, authorized Household Mobility Councils, and defined privacy and AI oversight. These are responsibilities that may be assigned within existing staffing structures where appropriate; they are not automatically new positions.

Does a Single Agency have to hire a separate Integration Specialist?

No. The Single Agency materials state that a separate position is not required. Trained program staff carry the frontline household-centered workflow, while supervisors, the Business Office, data staff, and leadership protect fidelity. A specific person or role must still be accountable for keeping the household record complete, current, and whole.

How is a Household Mobility Council different from a coalition?

A Mobility Council is a decision-making resource table. Members must have authority to commit available resources, assign action, identify responsible parties, set timing, document decisions, and follow through. A coalition can improve relationships and referrals but usually cannot authorize resources. Inside one agency, a simpler Internal Authorized Resource Review can perform the decision function for agency-controlled resources without creating a standing committee.

How is training and fidelity maintained?

The Intake1 Household Mobility Academy begins with a required Common Foundation, followed by role-based curricula, simulation and practice records, certification tests, case-note scoring rubrics, supervisor fidelity tools, annual recertification, and controlled Train-the-Trainer/Master Trainer standards. Certification requires a role-specific performance demonstration, not attendance alone. Local training capacity may scale, but curriculum authority and the prescribed core remain controlled by Intake1.

6. Implementation Pathways and Launch

What is the Single Agency pathway?

A multi-program organization makes Intake1 its internal household record and Protected Household Document Library. Intake1 is completed first, the First Case Note establishes the baseline, available documents are uploaded and organized once, required funder paperwork is completed from the verified record and current proof where permissible, the Business Office records agency payments in the Investment Ledger, and supervisors protect fidelity. The agency can reduce internal duplication now, but it cannot change outside eligibility rules or require another entity to accept a document without authority.

What is the Lead Agency pathway?

A Lead Agency implementation extends one prescribed Intake1 environment, including the protected document library, to formally authorized participating organizations while preserving separate agency, program, fund, location, user, and document-access accountability. Each participating organization operates from the same household language and record under defined agreements, permissions, shared-document rules, training, and support. A referral partner is not a participating organization unless it is formally enrolled and authorized.

Does becoming a Lead Agency give the organization authority over other agencies or government rules?

No. Lead Agency participation does not create compulsory participation, common eligibility, waiver authority, permission to retire legally required systems, or the power to change another organization's statutory responsibilities. Those authorities must come from contracts, funders, state action, federal action, waiver, or legislation.

What is the State Infrastructure pathway?

The proposed Texas Household Mobility Demonstration would authorize Intake1 as the prescribed shared operating record in selected rural, urban, and metropolitan communities. It would test legacy-database relief, coordinated eligibility, continuous mobility eligibility, benefit tapering and bridge support, reserved capacity, Household Mobility Councils, a Shared Document Acceptance Standard, protected document reuse, shared outcome measurement, and independent evaluation.

What is the National Vision?

The national vision is a shared household operating layer across health, housing, workforce, education, justice, and family-support systems. It would not eliminate specialized programs. It would require those programs to work from one protected household baseline, one shared record, one Protected Household Document Library, one mobility plan, one investment view, and one additional measure of whether the household moved.

Does Intake1 replace existing databases?

The answer depends on the pathway. In a Single Agency or voluntary Lead Agency implementation, required external funder systems may remain; Intake1 should come first and feed them. In a pure authorized demonstration, duplicative household intake, case narratives, repeated document collection, and parallel case-management databases should be waived or replaced wherever legally permissible. Narrow statutory eligibility, payment, claims, or audit systems may remain for required functions only, and their document-verification requirements must be identified explicitly.

Can an agency start before a state or federal demonstration is approved?

Yes. An agency controls its own intake order, internal documentation standards, supervision, Business Office entries, and whether its own programs share one household record. An authorized Lead Agency can also coordinate formally enrolled organizations within the authority created by its agreements. Neither pathway can create government waiver authority on its own.

How long does implementation take?

The current Fast-Track Implementation model targets an eight-week launch, with developer configuration and agency readiness occurring in parallel. Weeks 1-2 focus on leadership decisions, staff assignments, workflows, forms, reporting requirements, document categories, access rules, and document-acceptance exceptions; weeks 3-6 cover configuration, training, practice, testing, document upload and permission validation, and workflow validation; week 7 is agencywide go-live for new households; and week 8 moves active caseloads and full agency operations into the model. Scope and readiness can affect the final schedule.

What happens after go-live?

Implementation does not end at launch. Staff use Intake1 for ongoing household work; supervisors review First Case Notes, Mobility Plans, case-note quality, stale records, documents approaching review or expiration, outcomes, and data quality; the Business Office maintains the Investment Ledger; the Data Administrator monitors access, duplicates, document metadata, audit activity, dashboards, and reporting; leadership corrects drift and shadow systems; and users complete annual recertification and update training when the prescribed protocol changes.

7. Evidence, Pricing, and Next Steps

What does twenty-two years of Intake1 practice establish?

It establishes that Intake1 is a real operating model, not only a concept. Project Unity has used it across multiple programs and funding streams with approximately fifty employees. The model has a working Assessment, First Case Note, duplicate prevention, case actions, fund codes, Business Office financial controls, reporting functions, supervisory expectations, data-quality rules, and daily staff use. It establishes the operational foundation for testing broader cross-agency implementation.

What has not yet been proven?

The current evidence does not establish that Intake1 caused a specific percentage improvement in income, housing stability, staff retention, or other outcomes; it does not show that results from one nonprofit will automatically generalize nationally; and it does not prove the full cross-agency workload-sharing model because Project Unity has not had authority to require outside agencies to operate from the same record. The responsible policy request is authorization to test the full model rigorously.

What should an independent demonstration determine?

The evaluation should examine household impact, administrative efficiency, investment effectiveness, benefit-cliff protection, privacy and user experience, implementation feasibility, and fidelity to the prescribed model. Document continuity should be a defined evaluation area: duplicate requests eliminated, reuse of current proof, staff time redirected, household trips and uploads avoided, application-to-decision time, missing-document delays, stale or expired proof, correction rates, and privacy incidents. The ultimate question is whether the combined work of participating agencies moved the household forward with less burden, better use of public investment, stronger privacy discipline, and clearer accountability than the fragmented model.

What is the current pricing and total cost?

Pricing is organized by Standalone program tier or by the number of formally enrolled participating organizations in a Lead Agency network. “First-year total” includes setup or implementation plus the first annual license. “Illustrative three-year total” assumes the current annual renewal continues for Years 2 and 3; final agreements may change with scope, configuration, training groups, launch cohorts, security requirements, or later pricing revisions.

Standalone Agency Pricing

Scope	Setup	Annual Renewal	First-Year Total	Illustrative 3-Year Total
1-3 programs	$25,000	$15,000	$40,000	**$70,000**
4-7 programs	$30,000	$25,000	$55,000	**$105,000**
8+ programs	$40,000+	$35,000+	$75,000+	**$145,000+**

Lead Agency Pricing by Network Size

Implementation Scope	First-Year Total	Annual Renewal	Illustrative 3-Year Total
Lead Agency + 1 participating organization	$85,000	$35,000+	**$155,000+**
Lead Agency + 2 participating organizations	$95,000-$97,500	$40,000+	**$175,000-$177,500+**
Lead Agency + 3 participating organizations	$105,000-$110,000	$45,000+	**$195,000-$200,000+**
Lead Agency + 4 participating organizations	$115,000-$122,500	$50,000+	**$215,000-$222,500+**

Implementation Scope	First-Year Total	Annual Renewal	Illustrative 3-Year Total
Lead Agency + 5 participating organizations	$125,000-$135,000	$55,000+	**$235,000-$245,000+**

Lead Agency formula: $85,000 for the Lead Agency plus one participating organization; add $10,000-$12,500 for each participating organization beyond the first. Annual renewal begins at a $30,000+ master license plus $5,000 for each participating organization. "Lead Agency + 3 participating organizations" means four organizations are operating in the shared environment altogether. Larger networks are calculated by formula and scope.
Pricing notes: Standard configuration includes programs, fund codes, referral partners, locations, users, permissions, training, testing, and launch support. Lead Agency pricing reflects participating organizations, programs, users, locations, training groups, and launch cohorts - not fund codes alone. All figures are current August 2026 starting amounts and should be confirmed in the final implementation agreement.

Is pricing charged per user?

Standalone pricing is organized by program tier rather than a simple per-user fee, and the standard configuration includes users and permissions. Lead Agency pricing is driven by the lead implementation plus participating organizations and overall scope. User count may affect scope, training groups, and launch cohorts, but the current deck does not present a stand-alone per-user price.

What training is included in the implementation price?

The pricing deck states that standard training, testing, and launch support are included in the configuration. The separate Academy materials describe a broader controlled training system that includes role certification, simulations, scoring rubrics, annual recertification, and Train-the-Trainer/Master Trainer governance. The final agreement should specify which advanced Academy components are included in the standard package and which are separately scoped.

What is the next step for an interested agency or public partner?

A prospective organization should identify the pathway it controls, confirm the number of programs or participating organizations, name executive leadership and operational roles, inventory current workflows and required systems, define the initial implementation scope, and schedule a readiness and pricing discussion with Intake1. The readiness process should also inventory commonly requested documents, establish the document taxonomy and metadata, identify which roles may view or download each category, map recency and independent-verification rules, define the Shared Document Acceptance Standard, and identify exceptions that require new proof. Public partners considering a demonstration should identify the waiver, statutory, contractual, privacy, evaluation, and legacy-database issues that require authority before launch.

ONE HOUSEHOLD. ONE STORY. ONE RECORD. ONE PROTECTED DOCUMENT LIBRARY. ONE PLAN.
The first doorway establishes the baseline and uploads available proof. Every authorized doorway after begins with the same current household reality and asks for new documentation only when something changed or a legitimate rule requires it.

SOURCE BASIS

Jeannie Mansill, The Household Experiences One Life: Why America Needs a Household Mobility Infrastructure (2026); Intake1 Executive White Paper and Executive White Paper Presentation, August 2026; Intake1 Policy Brief, August 2026; Single Agency / Lead Agency Full-Fidelity Pricing Deck, August 2026; Texas Household Mobility Demonstration Implementation Plan, August 2026; Intake1 Household Mobility Academy Draft 1 Starter Package; and illustrative benefit-verification, Head Start eligibility, and program-document requirement materials supplied for this revision. Program requirements and document-age rules vary by program and may change; final implementation must use current governing requirements. Project Unity's practice establishes the single-organization operating foundation and demonstration readiness. Cross-agency workload sharing, reduced burnout, protected document reuse, and improved staff retention remain intended outcomes to be tested, not causal findings already established.