INTAKE1

TEXAS HOUSEHOLD MOBILITY POLICY BRIEF

From Fragmented Programs to Household Mobility Infrastructure

A SIMPLER WAY FOR TEXAS PROGRAMS TO SERVE THE SAME HOUSEHOLD

A household lives one life. It should not have to start over at every program.

THE DECISION FOR TEXAS

Authorize and fund a three-year Texas demonstration in one rural, one urban, and one metropolitan community. In those sites, use Intake1 as the shared household record; change state forms, rules, contracts, and systems that force repeated work; reuse current documents when rules allow; and test whether households move forward with less burden.

WHY TEST IT NOW

Project Unity has used Intake1 for 22 years across several programs inside one organization. That shows staff can use the model in day-to-day work. It does not yet show what will happen when separate agencies use it together. The test should measure the full model - including the state-system changes needed so Intake1 does not become one more layer.

WHY HOUSEHOLDS AND STAFF KEEP HAVING TO START OVER

When one household needs help with housing, work, childcare, health, food, education, safety, or other needs, each program may open a different file. The household repeats the same story, brings the same documents, and tries to keep track of referrals. Staff repeat data entry and chase handoffs. Every program can do its part correctly while no one can see whether the household as a whole is becoming more stable.

WHAT INTAKE1 CHANGES

ONE STARTING POINT. At the first participating program, trained staff complete one Intake1 Assessment. Intake1 creates the First Case Note.

ONE SHARED RECORD. The next specialist reads the same baseline and adds new work. The household does not do another full intake.

ONE SECURE DOCUMENT LIBRARY. The Protected Household Document Library keeps available proof in one controlled place. Staff check it before asking again.

ONE PLAN. Goals, barriers, who will act, when, and what resources are needed are kept together in the Household Mobility Plan.

CLEAR RESPONSIBILITY. A referral becomes a named task. Staff can see whether it was accepted, delayed, completed, or still needs work.

ONE VIEW OF RESULTS. Programs still file required reports. Intake1 also shows what the combined work did for the household.

WHAT INTAKE1 DOES NOT DO

NO NEW PROGRAM. Intake1 sits under existing programs. It does not replace their expertise.

NO LOSS OF RULES. Programs still make required legal decisions and follow financial, civil-rights, audit, privacy, and reporting rules.

NO "EVERY DOCUMENT COUNTS" RULE. A document is reused only when law and program rules allow it.

NO AI FINAL DECISIONS. Staff make final decisions about eligibility, money, priorities, documents, and services.

NO CLAIM THAT RESULTS ARE ALREADY PROVEN. A demonstration must test cross-agency results, staff workload, and household outcomes.

NO PERMANENT DOUBLE ENTRY. Intake1 should not become one more full record on top of old full records. A short transition may be needed, but it should have an end date.

WHERE THE MODEL CAN GO

SINGLE AGENCY / LEAD AGENCY	TEXAS DEMONSTRATION	NATIONAL VISION
Available now	*Needs authorization*	*Only after evidence*
One organization can use Intake1 as its shared record and stop some repeated work now.	Texas can test whether separate programs can use one record, reuse documents, share work, protect households from benefit cliffs, and measure whether the household moves forward.	Federal use should be considered only after an independent test shows what works, what does not, and under what conditions.

MODERNIZE THE WHOLE, NOT JUST THE PARTS

A newer state system may be faster and safer and still leave the household and staff joining the pieces by hand. For a fair test, Texas agencies and their technology vendors must change the forms, rules, contracts, and system requirements that force repeated work. Local sites and the Intake1 developer should not be expected to build around every old silo.

WHAT TEXAS SHOULD AUTHORIZE AND TEST

Start with households of two or more people with combined yearly income of $50,000 or less. Give priority to households facing several problems at once, a benefit cliff - when a small pay increase can cause a larger loss of help - or a gap between reliable resources and the real cost of staying stable.

1. MAKE INTAKE1 THE SHARED HOUSEHOLD RECORD - NOT AN EXTRA DATABASE

In the test sites, use the same core Assessment, First Case Note, household record, Mobility Plan, protected document library, work assignments, Investment Ledger, case notes, and reports. Texas agencies - not local sites - should change state forms, rules, contracts, and systems so staff do not rebuild the full household case elsewhere. Keep separate systems only for legal tasks that must remain, such as eligibility decisions, payments, claims, official protected records, audits, or fraud checks.

A FORM MAY STAY. THE SECOND FULL INTERVIEW SHOULD NOT.

A program may still need a required form or legal decision. It should ask only what is missing, changed, time-sensitive, or required by law. If temporary double entry is needed while systems are changed, give it a clear end date.

2. LET HOUSEHOLDS USE THE SAME CURRENT PROOF WHEN THE RULES ALLOW IT

Before asking for another pay stub, lease, ID, benefit letter, or other proof, check the secure document library. Reuse a current, verified document when the rules allow it. Ask again only when it is missing, too old, changed, unreadable, not enough, or must legally be checked again.

3. GIVE THE RIGHT SPECIALIST CLEAR RESPONSIBILITY

After the first door creates the baseline, each specialist handles their part of the same plan and records what happened. A Mobility Council should include people who can approve or commit resources, reserve limited capacity, and remove barriers - not only talk about the problem.

4. MAKE SURE A PAY RAISE LEAVES THE HOUSEHOLD BETTER OFF

Look at the household's whole budget before and after earnings rise. Test rules that keep help in place long enough for the household to get stable and then reduce it slowly. Use short-term bridge help for childcare, rent, transportation, utilities, or health costs so a raise does not cause a new crisis.

5. MEASURE WHETHER THE WHOLE SYSTEM WORKS BETTER

Keep every program's required reports. Also ask: Did the household become more stable? Did income rise? How many repeated intakes and document requests were avoided? Did staff save time? Did referrals get completed? Did staff experience improve? Were privacy rules followed? What did the public spend, and what changed? Also measure whether state systems, forms, rules, contracts, and vendors changed enough to support one household record and end permanent double entry. Follow a sample family journey to see whether the family still has to repeat the same story, documents, plan, or full case file.

WHAT SUCCESS SHOULD FEEL LIKE

Households tell their story once. They give the same proof once when possible. Staff know who owns the next step. A pay raise does not make the household poorer. The state can see what its combined investment achieved.

PROTECT THE HOUSEHOLD AND THE PROGRAMS

Households are told what is collected, why it is used, and who may see it. They give required permission, and staff see only what they need for their job. The system keeps access and change logs, households can correct errors, and cybersecurity and outside privacy review are required. Each program keeps its legal, financial, civil-rights, and reporting duties.

NEXT STEP FOR TEXAS

Name a lead entity and bring state and federal agencies together. Map every repeated form, question, interview, document, case note, plan, report, and system entry. Identify what requires each one, decide what can end and what must stay, and seek federal approval when needed. Select the three sites and the independent evaluator before launch.

"The household should not be the messenger, the filing system, or the coordinator between programs."

Source basis: Intake1 Executive Policy White Paper, From Fragmented Programs to Household Mobility Infrastructure (August 2026); Jeannie Mansill, The Household Experiences One Life (2026); Project Unity / Intake1 practice evidence; and Project Unity's Recommendation for the Health and Human Services Commission Sunset Review (September 2026).

Jeannie Mansill, MS, LBSW-IPR | Creator of Intake1 | Intake1, LLC | Bryan, Texas
jmansill@intake1.com | 979-324-2841 | www.intake1.com