

2010 Program Intake Form (Stimulus)

Rev 01-10

Site Name: _____ Intake Worker: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Township: _____ </div>	<p><u>Client Information</u></p> Name: _____ Address: _____ City / State / Zip: _____ E-mail: _____ Cell Phone: (____) _____ Home Phone: (____) _____ Work Phone: (____) _____	<p><u>Family Type</u> (Please check applicable code)</p> M _____ Male One-Parent Household F _____ Female One-Parent Household T _____ Two-Parent Household C _____ Couple, No Children S _____ Single O _____ Other	
<p>DEMOGRAPHIC CODES</p> A Asian B Black / African American M Multiracial N Native American / Alaskan Native P Native Hawaiian / Pacific Islander O Other W White		<p>EDUCATION CODES</p> A 0-8 Grade B 9-12 Grade C High School Diploma/GED D Post-high school E Unknown F College Degree	<p>INCOME SOURCE CODES</p> A Employment Only B Pension C TANF D SSI P3 E General Assistance F Social Security G Unemployment Insurance H Earned Fare / Gen Assistance I SSDI (Disability) J Child Support K VA Benefits O Other Z Zero Income (No Tracker Code)
		<p><u>Housing</u></p> R _____ Rent O _____ Own HR _____ Homeless with Roof HNR _____ Homeless with No Roof	For Housing and FDC programs only, please enter current monthly housing costs here: \$ _____
		<p><u>Other Characteristics</u></p> Currently Receiving Food Stamps (Y / N)? _____ Is Applicant a Farmer (Y / N)? _____	

Include all family members living at above address. List the applicant first. Use letter codes for categories listed in the code box above

ReceivingC SBG Services?	Name (Last, First, M.I.)	Relationship	Social Security No.	Date of Birth (MM/DD/YYYY)	Age	Gender (M/F)	Disabled (Y/N)	Hispanic (Y/N)	Race	Education	Health Insurance (Y/N)	Veteran (Y/N)	Income (Enter "0" if no income)		Income Sources* (List All)	
													Last 3 Months	or Last 365 Days		
	1.	Head of Household														
	2.															
	3.															
	4.															
	5.															
	6.															
	7.															
													Total Family Income			

For additional family members, please use a second intake sheet and attach to this signed copy.

FOR STAFF USE ONLY (200% Poverty)

	3 mths	1 year
1	\$5,415	\$21,660
2	\$7,285	\$29,140
3	\$9,155	\$36,620
4	\$11,025	\$44,100
5	\$12,895	\$51,580
6	\$14,765	\$59,060
7	\$16,635	\$66,540
8	\$18,505	\$74,020
Each Additional	\$1,870	\$7,480

Applicant Affirmation And Authorization To Verify And Release Information

I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/or documentation, and by my signature, I authorize others to release such information as may be required for the determination of my eligibility.

I consent to the release and exchange of oral and/or written information to applicable agencies, including case service plans, health, medical, educational, mental health, employment, housing and financial data for the purpose of assisting CEDA staff in developing a service plan for my family. I have the right to revoke consent at any time in writing. I understand that refusal to consent to disclosure of information will prevent such disclosure and may limit the ability of CEDA staff to provide service planning and advocacy on my behalf.

_____ Date _____

Applicant Signature Date Intake Worker Signature Date

Service Record

Head of Household Name: _____ Last 4 digits SSN _____ Site: _____ Prog. Year: 2010

CSBG Programs	Family Member Name	Services Received	Date of Enrollment	Column 1 Service Code in Tracker	Outcome Achieved (Y / N)	Date Outcome Achieved
1. Economic Development Programs <ul style="list-style-type: none"> • Employment Cap. Building • SETP • Loan Program 			/ /			/ /
			/ /			/ /
			/ /			/ /
			/ /			/ /
2. Education Programs <ul style="list-style-type: none"> • Educational Enrichment • Educational Computer Training • Scholarship Program 			/ /			/ /
			/ /			/ /
			/ /			/ /
			/ /			/ /
3. Income Management Programs <ul style="list-style-type: none"> • Northwest Financial Literacy 			/ /			/ /
			/ /			
4. Housing Programs <ul style="list-style-type: none"> • Housing and Community Outreach 			/ /			/ /
			/ /			/ /
			/ /			/ /
			/ /			/ /
5. Emergency Services <ul style="list-style-type: none"> • No 2010 CSBG Emergency Services Programs 			/ /			/ /
			/ /			/ /
			/ /			/ /
			/ /			/ /
6. Nutrition Programs <ul style="list-style-type: none"> • The Food Connection 			/ /			/ /
			/ /			/ /
7. Linkages <ul style="list-style-type: none"> • Neighborhood Forums 			/ /			/ /
			/ /			/ /
			/ /			/ /
			/ /			/ /
8. Self-Sufficiency Programs <ul style="list-style-type: none"> • Family Development Centers 			/ /			/ /
			/ /			/ /
			/ /			/ /
			/ /			/ /
10. Non-CSBG CEDA Programs <ul style="list-style-type: none"> • WIC • Weatherization • LIHEAP • Head Start • HUD Housing 			/ /		Enter Column 2 Grant Code for each service	
			/ /			
			/ /			
			/ /			
Outside Agency Referrals <ul style="list-style-type: none"> • Agency Name • Service Type • Date Referred 						