IDYLLWILD HELP CENTER ADULT CLIENT INTAKE FORM

Intake Date: _____

All Last Names in Household: _____

Client Name (print): _____ Age: _____

Date of Birth: _____ Marital Status: S M W D SEP Client Since: _____

Street Address: _____ Mailing/PO Box: _____
Is your street address your permanent residence? **Y/N**

City: _____ State: _____ Zip: _____ How long in Idyllwild: _____
Do you own a home: Y/N Are you current on your mortgage: Y/N Do you rent out any rooms: Y/N

Phone: _____ Work: _____ Cell: _____

Do you or any member of your household have health Insurance? **Y/N**

Which Members: _____ Which Insurance: _____

Please give a short explanation of why you need assistance: _____

Have you or anyone in your house been convicted of a misdemeanor or felony: **Y/N** _____

Total Family Size: _____ Adults: _____ Children: _____

MEMBERS OF YOUR FAMILY THAT LIVE WITH YOU FULLTIME:

First Name	Last Name	D.O.B.	Relationship To Client
1.			
2.			
3.			
4.			
5.			

HIGHEST EDUCATION LEVEL COMPLETED: _____

MALE/FEMALE **FEMALE HEAD OF HOUSEHOLD: YES/NO**

ARE YOU EMPLOYED: YES/NO **IF YES WHERE:** _____

HOW LONG: _____ **IF YOU ARE UNEMPLOYED HOW LONG:** _____

DO YOU HAVE A PHOTO ID: YES/NO **DO YOU HAVE A BIRTH CERTIFICATE: YES/NO**

ARE YOU PERMANETLY DISABLED: YES/NO **DO YOU HAVE A HOME COMPUTER: YES/NO**

WOULD YOU BE INTERESTED IN A RESUME CLASS: YES/NO

SERVICES NEEDED:

____ Food _____ Medical/Dental ____ Utilities _____Budget Assistance _____In home Assistance

_____Rental Assistance _____ Childcare Assistance _____Counseling _____Resume Writing

I certify that the information I have given on this application is true, correct and complete. I understand that if any information is false or incomplete I will lose all services from the Idyllwild HELP Center.

_____ _____

Client Signature **Authorized HELP Center Signature**

IDYLLWILD HELP CENTER CHILD CLIENT INTAKE FORM

Intake Date: _____

All Last Names in Household: _____

Client Name (print): _____ Age: _____

Date of Birth: _____ Client Since: _____

Street Address: _____ Mailing/PO Box: _____
Is your street address your Fulltime permanent residence? **Y/N**

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Do you or any member of your household have health Insurance? **Y/N**

Which Members: _____ Which Insurance: _____

Please give a short explanation of why you need assistance: _____

Have you or anyone in your house been convicted of a misdemeanor or felony: **Y/N** _____

Total Family Size: _____ Adults: _____ Children: _____

MEMBERS OF YOUR FAMILY THAT LIVE WITH YOU FULLTIME

First Name	Last Name	D.O.B.	Relationship To Client
1.			
2.			
3.			
4.			
5.			

HOUSEHOLD INCOME SOURCES: **TOTAL MONTHLY HOUSEHOLD INCOME:** _____

Income From Employment: _____ Amount per month: _____

Income From Employment: _____ Amount per month: _____

Check income source(s) and monthly amounts for **ALL** household members:

____ SEC 8 $_____ ____ Food Stamps $_____ _____ Rental Income $_____

____ SDI $_____ ____Child Support $_____ _____ IHSS $_____

____ SSI $_____ ____ Alimony $_____ _____ Financial AID $_____

____ Cash Aid $_____ ____ Retirement $_____ _____ Cash Award $_____

SERVICES NEEDED:

_____ Food _____ Medical/Dental _____ Utilities _____ Other _____

I certify that the information I have given on this application is true, correct and complete. I understand that if any information is false or incomplete I will lose all services from the Idyllwild HELP Center.

_____ _____

Client Signature **Authorized HELP Center Signature**

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

2015-2016

SELF-CERTIFICATION FOR PUBLIC SERVICE AGENCY CLIENTELE

(not for use on housing activities)

****

INCOME AND FAMILY SIZE

Please Print

Name: _____

Address: _____

City & State: _____ Zip _____

1) **CATEGORY**: I consider myself in one of the following categories (please check ONLY one):

(A) _____ Senior Citizen (C)_____ Migrant Farm Worker (E)_____ None of the above
(B) _____Physically Challenged (D)_____ Homeless

2) **FAMILY SIZE** (check ONLY one): 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐

3) **FAMILY INCOME**: My current family yearly income from all sources is: _____
Note: Family income means the total income of all persons living in the same household who are related by birth, marriage or adoption and are benefiting from the activities (public services or job creation, which benefit an individual or family). (Ref. 24 CFR 570.3)

Proof of Income received ☐ Yes ☐ No **Source of Proof**:_____ **Verified by:**_____

4) **ETHNICITY:** (**Select ONLY one** out of the Single-race or Multi-race categories).

Single race category

☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander

Multi-race category

☐ American Indian/Alaskan Native & White
☐ Black/African American & White
☐ Hispanic/Black/African American
☐ Hispanic/American Indian/Alaskan Native
☐ Hispanic/Native Hawaiian/Other Pacific Islander
☐ Asian & White
☐ Hispanic/White
☐ Hispanic/Asian
☐ Hispanic/Asian & White
☐ Hispanic/Black/African American & White
☐ Hispanic/American Indian/Alaskan Native & White
☐ American Indian/Alaskan Native & Black/African American
☐ Hispanic/American Indian/Alaskan Native & Black/African American
☐ Other Multi-race (ONLY if, non-of-the-above categories identifies you).

BENEFICIARY: I, _____ on _____, acknowledge that qualification for assistance funded under the CDBG program is based upon having a qualifying family income and that the income levels I have certified to in this self-certification are current as of the date signed and may be subject to further verification by the grantee and/or HUD and I authorize such verification and will provide supporting documents if it is necessary.

IDYLLWILD HELP CENTER CLIENT INCOME FORM

Intake Date: _____

Household Name (print):_____

HOUSEHOLD MONTHLY INCOME:

_____**EMPLOYMENT**	**$**_____	
_____**EMPLOYMENT**	**$**_____	
_____**EMPLOYMENT**	**$**_____	
_____**UNEMPLOYMENT**	**$**_____	
_____**SSI/SSP/SS**	**$**_____	
_____**SDI**	**$**_____	
_____**FOOD STAMPS/CAL FRESH**	**$**_____	
_____**CASH AID**	**$**_____	
_____**ALIMONY**	**$**_____	
_____**CHILD SUPPORT**	$_____	
_____**SEC 8**	**$**_____	
_____**IHSS**	**$**_____	
_____**RETIREMENT**	**$**_____	
_____**RENTAL INCOME**	**$**_____	
_____**VA BENEFITS**	**$**_____	
_____**SCHOLARSHIPS**	**$**_____	
_____**LOANS (STUDENT/PERSONAL)**	**$**_____	
_____ **CASH GIFTS/GIFT CARD**	**$**_____	
_____**CASH JOBS**	**$**_____	
_____**DIVIDENDS**	**$**_____	
_____**401K BALANCE**		**$**_____
_____**TRUST BALANCE**		**$**_____
_____**INHERITANCE**		**$**_____
_____**SAVINGS BALANCE**		**$**_____
TOTAL	**$**_____	**$**_____

IDYLLWILD HELP CENTER CLIENT INTAKE FORM

Intake Date: _____

Client Name (print):_____
First Middle Last

Date of Birth:_____ Education Level completed:_____

Female Head of Household: Y/N

HOUSEHOLD MONTHLY EXPENSES:

_____RENT/MORTAGE	**$_____**
_____WATER	**$_____**
_____ELECTRICITY	**$_____**
_____PROPANE	**$_____**
_____CABLE	**$_____**
_____PHONE/CELL	**$_____**
_____INTERNET	**$_____**
_____FOOD	**$_____**
_____CIGARETTES	**$_____**
_____ALCOHOL	$_____
_____CAR/TRUCK PAYMENT(S)	**$_____**
_____AUTO INSURANCE	**$_____**
_____CLOTHING	**$_____**
_____CHILD SUPPORT	**$_____**
_____DAYCARE	**$_____**
_____ENTERTAINMENT	**$_____**
_____GAS	**$_____**
_____HAIRCUTS/STYLING	**$_____**
_____MANICURES/ACRYLIC NAILS	**$_____**
_____OTHER_____	**$_____**
_____MEMBERSHIPS/DUES	**$_____**
TOTAL	**$_____**

_____CAR INFORMATION Year_____ Make_____ Model_____

_____CAR INFORMATION Year_____ Make_____ Model_____

WAIVER OF RESPONSIBILTY AGREEMENT FORM

Please read and sign the following "Waiver of Responsibility Agreement."

On this date or any other date that I receive food from The Idyllwild Help Center, all of the food items appear to be unspoiled and uncontaminated. I understand fully that it is my responsibility to carefully re-examine and inspect each food item and package to make sure that no item is spoiled. It is my responsibility to refrigerate and properly store and otherwise properly care for all food items I have received. Keep all foods from contamination and be sure to destroy all contaminates or unhealthful food items. Do not eat or use any food items if you suspect that it is contaminated. I am to take full responsibility for any sickness that may occur from my negligence to follow these instructions fully.

I acknowledge receipt of food from The Idyllwild Help Center and I agree not to sell or barter this food. I understand that violation of this rule will result in my being disqualified to receive further assistance from The Idyllwild Help Center.

I will not hold The Idyllwild Help Center agents, volunteers, directors, donors, or any representative or sponsor liable for any damages that may occur to me or anyone that eats the food items that have been given to me by The Idyllwild Help Center.

PARTICIPANT: _____ Date: _____

Idyllwild HELP Center
Tuesday – Friday 9:00 – 12:00 & 1:00 – 3:00
951-659-2110
By Appointment Only
In order to assist you, we are now requiring
YOU TO BRING IN COPIES of the following:

YOU WILL HAVE TO VOLUNTEER 30 MIN BEFORE RECEIVING ANY SERVICE

1. Picture I.D. for every person 18 years and older in your household.

2. I.D. for every person under the age of 18 (birth certificate, medical card, Social Security Card)

3. Current Proof of residency (This month's utility bill or rent receipt, if you rent a room then you need a letter from your landlord and utility bill in the landlords name)

4. Current Proof of Income for **Everyone** in the household
(Social Security, food stamps, salary, Cal-Works, etc)
If self-employed 3 months of a profit and loss statements or bank statements

5. All current original bills listed on budget sheet.

The Idyllwild HELP Center
Consent to Release Information

Client's Name _____
Print Name

I authorize the Idyllwild HELP Center to release the information that I participate in services offered by the Idyllwild HELP Center. This information may be released to the sources I may also be asking for financial support for a specific need. The information released does not include any other personal information including my financial status.

_____

Date Client Signature