

**WATER FROM THE ROCK SUCCESS CONNECTION TO SELF-SUFFICIENCY
CLIENT INTAKE FORM**

Case #: _____

Date: ____/____/____

First Visit

Client's Last Name: _____ First _____ Middle _____

Address _____ Telephone _____

Ethnicity: Hispanic Non-Hispanic

Sex of Head of Household: Female Male

Client Age: _____

Age of Head of Household: _____

Number of People in Household: _____

Client Race

White

American Indian / Alaskan Native & White

Black / African American

Asian & White

Asian

Black / African American & White

American Indian / Alaskan Native

American Indian / Alaskan Native & Black / African American

Native Hawaiian / Other Pacific Islander

Other Race

Household income: \$ _____ per _____

I certify that all information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Client or parent/guardian signature

Date

Staff only:

Mark the appropriate income category based on the number of individuals in the household:								
	1	2	3	4	5	6	7	8
VLI	\$17,150	\$19,600	\$22,050	\$24,450	\$26,450	\$28,400	\$30,350	\$32,300
<50% LI	\$28,550	\$32,600	\$36,700	\$40,750	\$44,050	\$47,300	\$50,550	\$53,800
<80% MI	\$45,650	\$52,200	\$58,700	\$65,200	\$70,450	\$75,650	\$80,850	\$86,100
>80%	\$45,651+	\$52,201+	\$58,701+	\$65,201+	\$70,451+	\$75,651+	\$80,850+	\$86,100+

Or Presumed income category: _____

Staff Signature

Date

Initial Date Of Service	RETURN DATES										

**WATER FROM THE ROCK SUCCESS CONNECTION TO SELF-SUFFICIENCY
 ATENCION EN LACOMUNIDAD CLIENTE FORMULARIO DE ADMISION**

Case #: _____

Fecha ____/____/____

Primera visita

Apellido _____ Primer nombre _____ Medio _____

Dirección _____ Teléfono _____

Etnicidad: Hispano No Hispano

Sexo del jefe de familia: Mujer Hombre

Edad de Cliente: _____

Número de personas en el hogar: _____

Edad de jefe de familia: _____

Raza de Cliente

- | | |
|---|---|
| <input type="checkbox"/> Blanco | <input type="checkbox"/> Indio americano / Nativo de Alaska y blanco |
| <input type="checkbox"/> Negro / Afroamericano | <input type="checkbox"/> Asiático y blanco |
| <input type="checkbox"/> Asiático | <input type="checkbox"/> Negro / Afroamericano y blanco |
| <input type="checkbox"/> Indio Americano/Nativo de Alaska | <input type="checkbox"/> Indio americano / Nativo de Alaska y Negro / Afroamericano |
| <input type="checkbox"/> Hawaiano nativo / Otros isleños del Pacífico | <input type="checkbox"/> Otra |

Ingresos del hogar: \$ _____ por _____

Yo certifico que toda la información en esta forma es verdadera y correcta y que todos los ingresos son declarados. Yo entiendo que esta información se da para la recepción de los fondos federales, que la información en esta solicitud puede ser verificada, y que la falsificación deliberada de datos me expone a ser enjuiciado bajo las leyes estatales y federales.

Firma del Cliente o padre/tutor legal

Fecha

Completar por personal:

Mark the appropriate category based on the number of individuals in the household:								
	1	2	3	4	5	6	7	8
VLI	\$17,150	\$19,600	\$22,050	\$24,450	\$26,450	\$28,400	\$30,350	\$32,300
<50% LI	\$28,550	\$32,600	\$36,700	\$40,750	\$44,050	\$47,300	\$50,550	\$53,800
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>80%	\$45,651+	\$52,201+	\$58,701+	\$65,201+	\$70,451+	\$75,651+	\$80,850+	\$86,100+

Or Presumed income category: _____

Firma de personal

Fecha

Initial Date Of Service	RETURN DATES											