

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

Case #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Visit

Client's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State Zip Code

Ethnicity:  Hispanic  Non-Hispanic

Sex of Head of Household:  Female  Male

Client Age: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_

Age of Head of Household: \_\_\_\_\_

**Client Race**

- |   |  |
|---|--|
| <input type="checkbox"/> White                                    | <input type="checkbox"/> American Indian / Alaskan Native & White                    |
| <input type="checkbox"/> Black / African American                 | <input type="checkbox"/> Asian & White   |
| <input type="checkbox"/> Asian                                    | <input type="checkbox"/> Black / African American & White                            |
| <input type="checkbox"/> American Indian / Alaskan Native         | <input type="checkbox"/> American Indian / Alaskan Native & Black / African American |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> 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	\$17,000	\$19,400	\$21,850	\$24,250	\$26,200	\$28,150	\$30,100	\$32,050
≤50% LI	\$28,300	\$32,350	\$36,400	\$40,400	\$43,650	\$46,900	\$50,100	\$53,350
≤80% MI	\$45,300	\$51,750	\$58,200	\$64,650	\$69,850	\$75,000	\$80,200	\$85,350
>80%	\$45,301+	\$51,751+	\$58,201+	\$64,651+	\$69,851+	\$75,000+	\$80,201+	\$85,351+

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 \_\_\_\_\_  
Street City State Zip Code

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**

- Blanco  Indio americano / Nativo de Alaska y blanco  
 Negro / Afroamericano  Asiático y blanco  
 Asiático  Negro / Afroamericano y blanco  
 Indio Americano/Nativo de Alaska  Indio americano / Nativo de Alaska y Negro / Afroamericano  
 Hawaiano nativo / Otros isleños del Pacífico  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 income category based on the number of individuals in the household:								
	1	2	3	4	5	6	7	8
VLI	\$17,000	\$19,400	\$21,850	\$24,250	\$26,200	\$28,150	\$30,100	\$32,050
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>80%	\$45,301+	\$51,751+	\$58,201+	\$64,651+	\$69,851+	\$75,000+	\$80,201+	\$85,351+

**-Or-**  
 Presumed income category: \_\_\_\_\_

\_\_\_\_\_  
 Firma de personal

\_\_\_\_\_  
 Fecha

Initial Date of Service	RETURN DATES										