

Tri-County Opportunities Council

CSBG CLIENT INTAKE

County _____

Date: _____

Client Name: _____

Social Security #: _____

Address: _____

City: _____

Zip: _____

Phone Number: _____

E-Mail: YES NO E-Mail: _____

SNAP: \$ _____

Language/Client Accommodations: _____

Developmental, Hearing Impaired, Homebound, Interpreter Required, Physical Accommodations, Visually Impaired, etc.

Housing Information: (please circle)

Single Family	Mobile Home –	2-4 Units
Single Room Occupancy	Lot Rent: \$ _____	5-10 Units
		11 + Units

Homeless		
Chronically Homeless	Imminently At-Risk	Literally Homeless

FAMILY TYPE	HOUSING TYPE	CLIENT'S HOUSING PAYMENT
Foster Parents	Group Home	Mortgage: \$ _____
Multigenerational Household	Homeless with Roof/Sheltered	Rent: \$ _____
Non-Parent Adult(s) with Children	Homeless with Roof/Unsheltered	Section 8 pays: \$ _____
Single Parent	Institutional	
Singler Person	Own	If no income, how is client paying rent:
Three or More Adults No Children	Rent Not Subsidized	_____
Two Adults No Children	Rent Subsidized	_____
Two or More Related Adults with Children	Other: _____	_____
Two Parent Family	Unknown/Not Reported	
Other: _____		
Unknown/Not Reported		

Head of Household:

Name	SS#	DOB	Age	Dis	Gender	Eth	Race	Ed	Military	Emp	Hlth Ins	Farmer	Lang	WIC	EITC
				Y N										Y N	Y N

Other Family Members:

Name	SS#	DOB	Age	Dis	Gender	Eth	Race	Ed	Military	Emp	Hlth Ins	Farmer	Lang	Relat	WIC
				Y N											Y N
				Y N											Y N
				Y N											Y N
				Y N											Y N
				Y N											Y N
				Y N											Y N

Use the following codes to complete household information in the family chart:

GENDER

- M – Male
- F – Female
- O – Other
- U – Unknown/Not Reported

ETHNICITY

- H – Hispanic/Latino
- N – Non-Hispanic/Latino
- U – Unknown/Not Reported

RACE

- W – White
- B – Black or African American
- H – Native Hawaiian & Other Pacific Islander
- A – Asian
- I – American Indian/Alaskan Native
- M – Multi-Race (any 2 or More)
- O – Other
- U – Unknown/Not Reported

EDUCATION

- A – 0-8th Grade
- B – 9th – 12th (Non-Graduate)
- C – High School Diploma/GED
- D – 12 + Some Post Secondary
- E – 2-4 Years College Graduate
- F – Graduate or Other Post-Secondary School
- U – Unknown/Not Reported

MILITARY STATUS

- A – Active Military
- V – Veteran
- N – None
- U – Unknown/Not Reported

EMPLOYMENT STATUS

- F – Employed Full-Time
- P – Employed Part-Time
- M – Migrant Seasonal Farm Worker
- R – Retired
- UL – Unemployed (Long Term, More than 6 months)
- UN – Unemployed (Not in the Labor Force)
- US – Unemployed (Short Term, 6 months or less)
- U – Unknown/Not Reported

HEALTH INSURANCE

- D – Direct Purchase
- E – Employer Based
- MD – Medicaid
- MR – Medicare
- MI – Military Health Care
- C – State Childrens Health Insurance Program
- SA – State Health Insurance for Adults
- U – Unknown/Not Reported

FARMER

- N – No
- Y – Yes
- M – Migrant
- S – Seasonal

LANGUAGE

- A – Arabic
- C – Chinese
- E – English
- F – French
- G – German
- I – Italian
- R – Russian
- S – Sign Language
- Sp – Spanish
- O – Other

RELATIONSHIP TO HOF:

- S – Spouse
- C - Child
- DP - Domestic Partner
- GR - Grandchild
- P - Parent
- R – Relative
- O – Other

INCOME SOURCE/NAME							
Employment							
Pension							
TANF							
SSI							
General Assist./Township							
Social Security							
Unemployment							
Veteran Benefits							
Child Support							
Other Income							
30-Day Total							

TOTAL GROSS HOUSEHOLD INCOME (LAST 30 DAYS)	\$
TOTAL YEARLY GROSS HOUSEHOLD INCOME	\$
% OF OMB GUIDELINE (circle one):	up to 75% 76% to 100% 101% to 125% 126% to 200% Over Income/Extreme Emergency

Approved/Denied by:	Date:
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APPLICANT STATEMENT: I certify that all the information in this application is accurate and a complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation. By my signature, I authorize you to release such information, as may be required for the determination of my eligibility.

Tri-County Opportunities Council does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, and marital status, receipt of governmental assistance or handicap.

Tri-County Opportunities Council does not require payment or fees on behalf of the clients in order to receive assistance with agency administered programs.

Applicant Signature

Date

Staff Signature

Date

Tri-County Opportunities Council
INCOME AFFIDAVIT

I, _____, reside at _____
Name *Address*

_____, and attest to the fact that I have received \$ _____ income for the
City

period covering ____ / ____ / ____ to ____ / ____ / ____ (last 30 days).

Place and date of last employment: _____

During this period, I have met my financial obligations, including paying rent, utilities, and food, by utilizing which of the below for assistance (*Please select as many as applicable*):

- Help from family or friends
- *Township
- Savings
- Lump sum cash received (income tax return, settlement, lottery, etc.)
- Churches
- Medicaid/Medicare
- *TANF
- WIC
- SNAP
- LIHEAP
- Subsidized Housing
- Section 8
- *Employment (includes cash paying jobs)
- *Unemployment
- Other (Social Service Agencies): _____

Merchandise Sold to Pay Bills:

Type: _____ Amount Sold for \$ _____

Sold To: _____ Address: _____

City: _____ State: _____ Zip Code: _____

I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Signature of Applicant: _____ Date: _____

Staff Signature: _____ Date: _____



Tri-County Opportunities Council

Community Action Agency

405 Emmons Avenue • P.O. Box 610 • Rock Falls, Illinois 61071

Phone: (815) 625-7830 Voice/TTY • 1-800-323-5434



DISCLAIMER

Completion of this application does not guarantee that you will receive services from Tri-County Opportunities Council. All eligibility criteria must be met for you to qualify for and receive assistance. TCOC staff does not have the authority to approve housing assistance. These programs require an additional application and supervisor approval.

Signature: _____

Date: _____

Witness: _____

Date: _____

I authorize the persons, agencies, or institutions entered below to supply information to Tri-County Opportunities Council concerning my application for or receipt of any emergency services. I will allow inspection and reproduction of records in their possession pertaining to me by any authorized representative of TCOC. I release the person, agency, or institution from any and all liability for supplying such information.

- Any public benefits I may be receiving (TANF, SNAP, WIC, All Kids, Child Support, Unemployment Benefits, etc.)
- Any employer for whom I work
- Any documentation submitted for self-employment
- Any school or training institution I may be attending
- Any other information that may be pertinent, such as housing information including landlords and lending institutions.

Signature: _____

Date: _____

Witness: _____

Date: _____



Serving Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark and Whiteside Counties, Illinois





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- Any school or training institution I may be attending
- Any other information that may be pertinent, such as housing information including landlords and lending institutions.

Signature: _____

Date: _____

Witness: _____

Date: _____



Serving Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark and Whiteside Counties, Illinois



Tri-County Opportunities Council
CHILD SUPPORT ENFORCEMENT REFERRAL

ACCEPT

I, _____ acknowledge receiving this referral to Child Support Enforcement, which might enable me to activate child support payments on behalf of my child/children. I have also received the following information:

- Non-Assistance Program Fact Sheet
- Application for Child Support Enforcement Services (Title IV-D)
- Illinois Child Support Enforcement locations and telephone numbers

I understand that TCOC may contact me or Child Support Enforcement to follow-up on the status of this referral. I give permission for any TCOC employee to receive information regarding this referral.

Client Signature

Date

TCOC Staff Signature

Date

Result of follow-up: _____

DECLINE

I, _____ have been offered information that might enable me to activate child support payments on behalf of my child/children. At this time, I do not wish to pursue this option.

Client Signature

Date

TCOC Staff Signature

Date

Tri-County Opportunities Council
CONSENT TO RELEASE/EXCHANGE INFORMATION

I authorize _____ of _____ to release/exchange the
Name Agency
following information with Tri-County Opportunities Council:

- _____ Name and other personal identifying information
- _____ Assessments
- _____ Dates of services
- _____ Progress and compliance
- _____ Attendance
- _____ Employment and/or training related information
- _____ Other: _____

The purpose of this release/exchange of information is for the collaboration of services. This Authorization will automatically expire one year from the date signed.

I understand that:

1. I may revoke this consent at any time by submitting a written, signed and witnessed revocation to the person authorized to disclose this information.
2. The above-named agency/person is authorized to receive/exchange this information, and has the right to inspect a copy of the information to be disclosed.
3. If I receive Homeless Prevention funds, I will be contacted six months after the fiscal year to determine my housing status, in accordance with the Homeless Prevention Grant mandated follow-up requirement.

It has been explained to me that I have the right to refuse to consent to this release/exchange of information.

Printed Name

Date

Signature

Staff Printed Name

Date

Staff Signature

NOTICE TO RECEIVING AGENCY/PERSON: Under the provision of law and regulation, you may not re-disclose any of this information unless the agency and the person who consented to this disclosure specifically consents to such re-disclosure.

Tri-County Opportunities Council

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Home Cell Message

Phone: _____ Home Cell Message

Email Address: _____

Do you or others in your household receive food stamps (SNAP)? YES NO

If yes, how much per month? \$ _____

When did you start receiving it? _____

Do you own, or rent? OWN RENT OTHER: _____

Do you live in public housing? YES NO

Do you receive Section 8? YES NO

How much do you pay a month? *Approximate utilities.*

Rent/Mortgage: \$ _____

Gas Bill: \$ _____

Electricity: \$ _____

Water: \$ _____

Phone: \$ _____

Cable/Satellite/Internet: \$ _____

Household Members:

Name	SS#	Birth Date	Age

Are there any other unrelated adults in the home: YES NO If yes, who? _____

TRI-COUNTY OPPORTUNITIES COUNCIL CLIENT NEEDS ASSESSMENT



Illinois Department of Commerce &
Economic Opportunity
Community Services Block Grant

Results from the survey will be considered by the Community Action Agencies for planning, developing, and delivering agency programs, services, and activities.

INSTRUCTIONS: Please answer each question by checking the appropriate box (or boxes) or providing a written response. After completing the survey, please return it where you received it.

All surveys will be kept confidential. Thank you for participating.

1. What county do you live in? _____

What is your household's zip code? _____

Are you a male or female? Male Female

Are you aged 55 or over? YES NO

Are you married or living with a partner? YES NO

2. **EMPLOYMENT:** Which employment needs could you use help with?

(select all that apply)

- Getting training for the job that I want
- Getting an education for the job that I want
- Finding a permanent full-time job that will support me or my family
- Knowing what jobs are available
- Learning how to interview for a job
- Learning how to write a resume
- Learning how to fill out job applications
- Learning computer skills to apply for jobs
- Obtaining appropriate clothing for my job
- Obtaining equipment (e.g. tools) for my job

Referral made: _____

3. **EDUCATION:** Which education needs could you or a family member use help with?

(select all that apply)

- Obtaining a high school diploma or GED
- Obtaining a two-year college degree
- Obtaining a four-year college or university degree
- Choosing a career
- Choosing a technical school program
- Learning how to use a computer
- Learning or improving communication or language skills
- Learning English (as a second language)
- Getting financial assistance to complete my education
- Completing college aid forms (including FAFSA forms)

Referral made: _____

4. FINANCIAL AND LEGAL ISSUES: Which financial and/or legal needs could you or your family use help with?

(select all that apply)

- Budgeting and managing money
- Opening a checking or savings account
- Filling out tax forms
- Understanding credit scores
- Solving problems with a credit card or loan company
- Solving problems with utility or telephone
- Solving problems with payday loans
- Solving bank foreclosure/bankruptcy/repossession problems or issues
- Solving divorce problems or issues
- Solving child custody problems or issues
- Solving child support problems or issues
- Solving restraining order problems or issues
- Getting protection in domestic violence situations
- Getting legal assistance with deportation or immigration issues
- Getting legal assistance when denied services

Referral made: _____

5. HOUSING: Which housing needs could you or your family use help with?

(select all that apply)

- Finding affordable housing that fits my family's needs
- Getting financial assistance with a down payment or closing costs to buy a home
- Qualifying for a loan to buy a home
- Obtaining home ownership education
- Obtaining renter/tenant rights and responsibilities education
- Learning basic home repair and property maintenance skills
- Getting financial assistance with rent payments and/or deposits
- Making my home more energy efficient
- Making changes to my home for a person with disabilities
- Getting emergency shelter

Referral made: _____

6. FOOD AND NUTRITION: Which food and nutrition needs could you or your family use help with?

(select all that apply)

- Getting food from food pantries, food banks, or food shelves
- Having enough food at home
- Learning how to shop and cook for healthy eating
- Learning how to stretch my food dollar
- Getting emergency food assistance
- Getting meals delivered to my home
- Enrolling in SNAP
- Learning how to model healthy eating for my children
- Getting nutritious foods during pregnancy
- Obtaining breastfeeding education and assistance

Referral made: _____

7. Do you have children (under the age of 18) living with you? YES NO (If NO, skip questions 12 and 13)

8. CHILD CARE AND CHILD DEVELOPMENT: *If you have children (under the age of 18) living with you, which child care and/or child development needs could you or your family use help with (select all that apply)?*

- Finding child care in a convenient location
- Finding quality licensed child care
- Finding affordable child care
- Finding child care for babies
- Finding child care for toddlers
- Finding child care for preschoolers
- Finding evening or nighttime child care
- Finding weekend child care
- Finding a quality preschool
- Finding a before/after school program
- Preparing my preschool child for public school
- Getting financial assistance with child care costs
- Getting financial assistance with school supplies
- Getting financial assistance with school fees
- Getting financial assistance with school or club activities

Referral made: _____

9. PARENTING AND FAMILY SUPPORT: *If you have children (under the age of 18) living with you, which parenting and/or family support needs could you or your family use help with (select all that apply)?*

- Learning how to discipline my children more effectively
- Learning how to communicate and deal with my teenage children
- Learning how to deal with my children who have displayed bullying or violent behavior
- Learning how to deal with the bullying or violent behavior of my children's friends
- Learning how to talk to my children about drugs and alcohol
- Learning how to talk to my children about sex, AIDS, STDs, etc.
- Learning how to help my children cope with stress, depression, or emotional issues
- Learning how to set goals and plan for my family
- Communicating better with my children's care provider or teachers

Referral made: _____

10. TRANSPORTATION: *Which transportation needs could you or your family use help with (select all that apply)?*

- Having access to public transportation
- Having dependable transportation to and from work
- Getting financial assistance to buy a dependable car
- Getting financial assistance to make car repairs
- Getting financial assistance to buy car insurance
- Getting financial assistance to pay car registration or license fees
- Getting a driver's license
- Getting to and from medical or dental appointments
- Getting myself to and from school
- Getting my children to and from child care
- Getting my children to and from school or club activities
- Going shopping and doing errands

Referral made: _____

11. HEALTH: Which health needs could you or a family member use help with?

(select all that apply)

- Having affordable health insurance
- Having affordable dental insurance
- Having health care available in my community
- Having dental care available in my community
- Getting my health insurance questions answered
- Finding a doctor willing to accept Medicaid
- Finding a dentist willing to accept Medicaid
- Getting financial assistance for regular medical checkups
- Getting financial assistance for regular dental checkups
- Getting financial assistance for medicine and prescriptions
- Getting financial assistance for items such as glasses, hearing aids, wheelchairs, etc
- Getting financial assistance for long-term health care
- Obtaining family planning or birth control education and assistance
- Getting good medical care before my baby is born
- Getting regular check-ups, developmental screens, or physicals for my children
- Getting my children tested for lead poisoning
- Getting immunizations for my children
- Getting treatment for a drug or alcohol problem
- Getting treatment and services for mental health
- Dealing with stress, depression, or anxiety
- Dealing with problems related to physical, emotional, or sexual abuse

Referral made: _____

12. BASIC NEEDS: Which basic needs could you or your family use help with?

(select all that apply)

- Getting basic furniture, appliances, or house wares
- Getting personal care items such as soap, diapers, toilet paper, etc.
- Getting clothing and shoes
- Doing yard work or snow removal
- Doing house work or laundry
- Managing medications
- Having a reliable phone
- Having access to the Internet
- Getting financial assistance with my utility bills (heating, electric, and/or water)

Referral made: _____

13. Are there any problems or needs that you or your family faced within the last 12 months that you were unable to get help with? YES NO If YES, please list those problems or needs:

Referral made: _____

14. How has the COVID-10 pandemic affected you and/or your family?

- Lack of food and basic supplies
 - Mental health/Stress issues with myself and/or my family
 - Behind on rent/mortgage
 - Behind on utilities (electric, gas, water, sewer)
 - Loss of income due to a lay-off
 - Loss of employment due to closing of a business or organization because of COVID-19
 - Loss of income due to loss of hours at employment
 - Loss of child care
 - Quarantined because of COVID-19 due to testing positive or being around someone that was
 - Other: _____
-

15. How did you learn about our agency? Select all that apply:

- Family or Friend
- United Way 211
- Brochure or Flyer
- Current or Former Agency Client
- Health Care Provider
- Website/Internet
- Social Media (Facebook)
- Household I grew up in had received agency services
- State Agency
- Newspaper
- Local Church
- Phone Book
- Radio
- Other Social Service Agency
- Other: _____

16. What are your sources of household income? Select all that apply:

- No Income
- TANF
- Employment Income
- Social Security
- SSI
- Child Support or Alimony
- General Assistance
- Unemployment insurance
- Self-employment
- Pension
- Other: _____

17. In the last 12 months, how has your household's income situation changed?

- Increased
- Decreased
- No change

18. What time of day would you prefer to come to one of our locations (offices) for assistance? Select one:

- Weekday hours of 8:00 am - 4:30 pm
- Weekday evening hours from 5:00 pm - 7:00 pm
- Saturday hours from 9:00 am - 12:00 pm
- I am not able to come to any of your locations

19. What services has your household received **from our agency** within the last 12 months? Select all that apply:

- Project Employment
- Employment Supports Program
- Youth Enrichment Program
- Scholarship Program
- Home Safety Program
- Emergency Utility Payment Assistance
- Health Assistance Program
- Dental Assistance Program
- ID Program
- School Supply Program
- Transportation Assistance Program
- Senior Meal Program
- Little Bottoms Program
- Personal Care Program
- Family Rewards Program
- Disaster Assistance Program
- Bureau County Food Pantry
- Homeless Prevention Programs
- Rental Housing Program
- Low-Income Energy Assistance Program (LIHEAP)
- Early Head Start/Head Start Program
- Weatherization Program
- Agency-Owned Rental Housing Program
- Foster Grandparent Program
- COVID-19 Housing/Utility Payment Assistance Program
- COVID-19 Health Assistance Program
- COVID-19 Food Assistance Program
- COVID-19 Transportation Program
- Other _____

20. If given the opportunity, would you be willing to serve on a local board or committee that represents and makes decisions for families with low-incomes?

- YES NO Unsure If YES, please provide your name and phone number:

FIRST NAME: _____

LAST NAME: _____

PHONE NUMBER: _____