

Tri-County Opportunities Council
CSBG CHECKLIST AND VERIFICATION

County: _____

Customer Name: _____

Date: _____

Social Security #: _____

INTAKE CHECKLIST

(To be completed by Outreach Staff)

- _____ Customer Intake Form Completed
- _____ E-Mail Address

- _____ 30-Day Income for anyone 18 and over
- _____ Proof of Income

- _____ Income Affidavits
 - All members over the age of 18 with no income
 - Gaps in income
 - Has children but claims no child support

- _____ Child Support Enforcement Referral Signed

- _____ Disclaimer Signed

- _____ Consent to Release Information Signed

- _____ Social Security Number Verification
 - Social Security Card
 - DHS Print-Out
 - Tax Forms
 - Social Security Award Letter

- _____ Driver's License/Photo ID/Proof of Insurance *(If Needed)*
 - All must be current/non-expired

- _____ Summary/Action Plan Completed and Signed

- _____ Completed Needs Assessment

- _____ Proof of Crisis (Financial/Economic)

- _____ Optional Paperwork
 - Voucher
 - Referral Forms
 - STEP Program Application

Staff Signature: _____

VERIFICATION

(To be completed at the Rock Falls Office Only)

- _____ 30-Days of Income

- _____

- _____

- _____ Income Affidavits

- _____ Child Support

- _____ Disclaimer

- _____ Consent to Release/Exchange Information

- _____ Copy of all Social Security Cards

- _____ Summary Page

- _____ Needs Assessment

Verification Signature: _____

Date: _____

Tri-County Opportunities Council

CSBG CUSTOMER INTAKE

County _____

Date: _____

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

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

Outreach Worker 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: _____

Signature of Outreach Worker: _____ 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.



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.

Customer's 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.

Customer's 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

Outreach Worker Printed Name

Date

Outreach Worker 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.

SUMMARY OF VISIT:

Customer came in for:

After reviewing the client's needs assessment, these barriers were identified, addressed by and responded to:

Employment:

Education:

Financial and Legal Issues:

Housing:

Food and Nutrition:

Child Care and Child Development:

Parenting and Family Support:

Transportation:

Health:

Basic Needs:

Today we started or worked on:

ACTION PLAN:

CUSTOMER will follow-up on referral(s) to:

CUSTOMER will return on _____ for a follow-up appointment.

CUSTOMER will bring the following to their next appointment:

CUSTOMER also needs to:

- 1.
- 2.
- 3.
- 4.

OUTREACH WORKER will:

- Look into more information on _____ in an attempt to eliminate barriers to self-sufficiency for client.
- Be available on _____ for the follow-up appointment (for at least 1 hour).
- Document follow-up appointment in case notes and put in STARS.

OUTREACH WORKER will also:

- 1.
- 2.
- 3.
- 4.

Date: _____

Outreach Worker Signature: _____

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? _____



COMMUNITY SERVICES SURVEY

Tri-County Opportunities Council would like to understand the challenges and needs of residents like you. The information collected will be used to ensure services are available in the future to address Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark, and Whiteside County residents' needs. All survey responses will be kept confidential.

Do you live in Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark, or Whiteside County? Yes No

If you answered no, thank you for your time, but this survey requires you to live in Bureau, Carroll, LaSalle, Lee, Marshall, Ogle, Putnam, Stark, or Whiteside county.

1. What is your zip code? _____

2. In the past 12 months, what is the **SINGLE GREATEST** challenge you and your household have experienced?
(CHECK ONE BOX ONLY)

- Housing
 Child Care
 Employment
 Health/Mental Health
 Education
 Food/Nutrition
 Financial Issues
 Transportation
 Other (PLEASE SPECIFY) _____
 Have not experienced any challenges

I. SERVICES RECEIVED

3. In the past 12 months, did you or your household receive any services from the Tri-County Opportunities Council?

- Yes (**GO TO QUESTION 4**)
 No (**GO TO QUESTION 6**)

4. Which services did you or your household receive from the Tri-County Opportunities Council?

(CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> Employment Program | <input type="checkbox"/> School Supply Program | <input type="checkbox"/> Youth Enrichment Program |
| <input type="checkbox"/> Financial Literacy Training | <input type="checkbox"/> Home Safety Program | <input type="checkbox"/> Water/Sewer Payment Asst. |
| <input type="checkbox"/> Health/Dental Assistance | <input type="checkbox"/> Senior Meal Program | <input type="checkbox"/> Personal Care/Diaper Program |
| <input type="checkbox"/> ID Program | <input type="checkbox"/> EARN Program | <input type="checkbox"/> Transportation Program |
| <input type="checkbox"/> Child Care Payment Assistance | <input type="checkbox"/> Scholarship Program | <input type="checkbox"/> Disaster Assistance Program |
| <input type="checkbox"/> Bureau County Food Pantry | <input type="checkbox"/> COVID-19 Assistance Programs | <input type="checkbox"/> Rent/Mortgage Assistance |
| <input type="checkbox"/> LIHEAP Program | <input type="checkbox"/> PIPP Program | <input type="checkbox"/> Early Head Start Program |
| <input type="checkbox"/> Head Start Program | <input type="checkbox"/> Weatherization Program | <input type="checkbox"/> Foster Grandparent Program |
| <input type="checkbox"/> Agency Housing Program
(rent unit from the agency) | <input type="checkbox"/> Other: _____ | |

5a. Overall, how would you rate the services you or members of your household received from the Tri-County Opportunities Council.

- Excellent
 Good
 Fair
 Poor

Why did you rate the services received as fair or poor? _____

5b. What suggestions do you have for changes or additions to the services provided by the Tri-County Opportunities Council?

6. In the past 12 months, have you or members of your household received services from agencies/organizations within TCOC's nine-county services area?

7. Which challenges or barriers have you or your household experienced accessing services? **(CHECK ALL THAT APPLY)**

- Lack of transportation
- Location of services
- Times services available not convenient
- Language barrier
- Time from scheduling appointment to receiving services too long
- Other (PLEASE SPECIFY) _____

8. Which services did you or your family members need that were not available in your county?

II. CURRENT NEEDS

9. With which of the following **HEALTH** needs could you or someone in your household use help? **(CHECK ALL THAT APPLY)**

- Finding affordable health or dental insurance
- Finding health or dental care
- Getting medical care and/or insurance for a child
- Paying for medical expenses (e.g., medical/dental checkups, prescriptions, glasses, hearing aids, wheelchairs)
- Getting family planning or birth control
- Drug or alcohol treatment
- Mental health treatment including treatment for stress, depression, or anxiety
- Physical, emotional, or sexual abuse
- Other health needs (PLEASE SPECIFY) _____
- None of the above

10. With which of the following **HOUSING** needs could you or someone in your household use help?
(CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Finding emergency shelter | <input type="checkbox"/> Finding affordable housing |
| <input type="checkbox"/> Down payment/closing costs to buy a home | <input type="checkbox"/> Qualifying for a loan to buy a home |
| <input type="checkbox"/> Home ownership education | <input type="checkbox"/> Renter/tenant rights and responsibilities education |
| <input type="checkbox"/> Learning basic home repair/property maintenance skills | <input type="checkbox"/> Finding home repair services |
| <input type="checkbox"/> Making home more energy efficient | <input type="checkbox"/> Paying rent or mortgage, rent deposits/application fees |
| <input type="checkbox"/> Changes to home for a person with disabilities | <input type="checkbox"/> Yard work, snow removal, laundry, or house work |
| <input type="checkbox"/> Other housing needs (PLEASE SPECIFY) _____ | |
| <input type="checkbox"/> None of the above | |

11. Which of the following **EMPLOYMENT** needs could you or someone in your household use help with?
(CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Finding a full-time job | <input type="checkbox"/> Applying for jobs |
| <input type="checkbox"/> Writing a resume | <input type="checkbox"/> Learning how to interview for a job |
| <input type="checkbox"/> Training/education for a job | <input type="checkbox"/> Getting appropriate clothing or equipment for a job |
| <input type="checkbox"/> Finding childcare | |
| <input type="checkbox"/> Other employment needs (PLEASE SPECIFY) _____ | |
| <input type="checkbox"/> None of the above | |

12. Which of the following **ADULT EDUCATION** needs could you or someone in your household use help?
(CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Getting a high school diploma or GED/HSED | <input type="checkbox"/> Getting a 2-year or 4-year college degree |
| <input type="checkbox"/> Information about technical school or apprenticeships | <input type="checkbox"/> Learning how to use a computer |
| <input type="checkbox"/> Improving communication or language skills | <input type="checkbox"/> Learning English as a second language |
| <input type="checkbox"/> Completing college aid forms (e.g., FAFSA) | |
| <input type="checkbox"/> Other education needs (PLEASE SPECIFY) _____ | |
| <input type="checkbox"/> None of the above | |

ANSWER QUESTION 13 ONLY IF THERE ARE CHILDREN UNDER THE AGE OF 18 IN YOUR HOUSEHOLD.

13. With which of the following **CHILD CARE and CHILD DEVELOPMENT** needs could you or someone in your household use help? **(CHECK ALL THAT APPLY)**

- | | |
|--|--|
| <input type="checkbox"/> Finding affordable, quality, licensed child care in a convenient location | <input type="checkbox"/> Paying for child care |
| <input type="checkbox"/> Finding child care for children ages 0-3 | <input type="checkbox"/> Finding quality preschool for children ages 3-5 |
| <input type="checkbox"/> Finding evening, nighttime, weekend or before/after school child care | <input type="checkbox"/> Paying for school supplies, fees, or activities |
| <input type="checkbox"/> Caring for children ages 0-3 at home | <input type="checkbox"/> Screening for early intervention services (speech, developmental, mental, physical) |
| <input type="checkbox"/> Other child care and child development needs (PLEASE SPECIFY) _____ | |
| <input type="checkbox"/> None of the above | |

14. With which of the following **FINANCIAL/LEGAL (INCOME MANAGEMENT)** needs could you or someone in your household use help? **(CHECK ALL THAT APPLY)**
- Budgeting and managing money
 - Filling out tax forms
 - Problems with paying bills, such as utilities or credit cards
 - Problems with payday or title loans
 - Problems with child custody or support
 - Deportation or immigration legal issues
 - Getting legal help when denied public benefits
 - Getting clothing, shoes, or personal care items like soap, diapers, and toilet paper
 - Other financial/legal needs (PLEASE SPECIFY) _____
 - None of the above
- Opening a checking or savings account
 - Problems with a credit card or loan company
 - Problems unexpected or emergency expenses
 - Foreclosure/bankruptcy/repossession problems
 - Getting protection in domestic violence situations
 - Expunging a criminal record
 - Getting basic furniture, appliances, or housewares

15. With which of the following **FOOD AND NUTRITION** needs could you or someone in your household use help? **(CHECK ALL THAT APPLY)**
- Getting food or food assistance
 - Getting access to senior congregate meal sites (meals served in a group setting)
 - Getting nutritious foods during pregnancy
 - Other food and nutrition needs (PLEASE SPECIFY) _____
 - None of the above
- Learning how to shop and cook for healthy eating or dietary restrictions (e.g., gluten free)
 - Getting meals delivered to your home for a senior or disabled individual
 - Obtaining breastfeeding education and assistance

16. With which of the following family support needs could you or someone in your household use help? **(CHECK ALL THAT APPLY)**
- Having access to transportation
 - Paying for car repairs
 - Disciplining a child more effectively
 - How to help a child coping with emotional issues
 - Other family support needs (PLEASE SPECIFY) _____
 - None of the above
- Buying a dependable car
 - Paying for car insurance, registration or license fees
 - Talking to a child about inappropriate behavior/addressing a child's inappropriate behavior (e.g., bullying, drugs, sex)
 - Learning how to set goals and plan for your family

III. COMMUNITY AND CIVIC ACTIVITIES

17. In the past 12 months, did you or someone in your household participate in the following activities?

	Yes	No	Don't Know
a. Register to vote in a local, state, or national election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteer or participate in an organization, association, or groups, such as PTA, Kiwanis, or church group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work with others to solve a community problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. TECHNOLOGY AND INTERNET ACCESS

18. Do you have high-speed internet access at home via a smartphone, tablet, iPad, desktop or laptop, computer, or another device?
 Yes (**GO TO QUESTION 19**) No (**GO TO QUESTION 20**) Don't know (**GO TO QUESTION 20**)
19. Do you receive a reduced price internet service?
 Yes No Don't know

V. PERSONAL AND HOUSEHOLD CHARACTERISTICS

20. What is your gender?
 Female Male Prefer to self-describe _____ Prefer to not answer
21. What is your age?
 18-24 25-34 35-44 45-54 55-64 65+ Prefer not to answer
22. Are you of Hispanic, Latinx, or Spanish origin?
 Yes No Prefer not to answer
23. What is your race? (**CHECK ALL THAT APPLY**)
 Asian
 Black or African American
 White
 American Indian or Alaska Native
 Native Hawaiian or Pacific Islander
 Some other race (PLEASE SPECIFY) _____
 Prefer not to answer
24. How many people live in your household? _____
25. What is the primary language spoken at home?
 English Spanish Other (PLEASE SPECIFY) _____
26. What was your 2021 annual household income? Please consider all sources of income, before taxes, for everyone living with you in 2021.
 Less than \$15,950 \$15,950-\$21,550 \$21,551-\$27,150 \$27,151-\$32,750
 \$32,751-\$38,350 \$38,351-\$43,950 \$43,951-\$49,550 \$49,551-\$55,150
 \$55,151-\$59,630 \$59,631-\$64,110 More than \$64,110 Don't know
 Prefer not to answer

THANK YOU FOR YOUR PARTICIPATION

