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## **CSBG CLIENT INTAKE FORM AND INSTRUCTIONS**

CSBG subrecipients must complete a CSBG Client Intake Application or a centralized intake form for all households receiving a CSBG supported service. The intake form obtains the demographic and characteristic data that will be needed to report program performance in the CSBG Performance Report.

A CSBG Client Intake Application must be completed on an annual basis to coincide with the CSBG contract period.

### **Inquiries**

If you need additional information or assistance, you may contact your assigned Community Outreach Worker

**CSBG CLIENT INTAKE APPLICATION**

**CSBG Programmatic Reporting Period October 1, 2016 to September 30, 2017**

**Date:** \_\_\_\_\_ **Prepared by:** \_\_\_\_\_ **Client File #:** \_\_\_\_\_

**Part I.**

**Name:** \_\_\_\_\_ **Parish:** \_\_\_\_\_  
(last) (first) (M.I.)

**Address:** \_\_\_\_\_ **Phone # hm.** \_\_\_\_\_  
(street) (apt.#)

\_\_\_\_\_ **Phone # wk.** \_\_\_\_\_  
(city) (zip)

**Part II.**

**INCOME/HOUSEHOLD MEMBERS**

Household Members	Date of Birth	Social Security#	Source of Income/Documentation	Amount of Income for 30 Days Prior to Application Date (gross)
<b>TOTAL 30 DAY INCOME</b>				<b>\$</b>

Record the income for each household member 18 and over for **30** days prior to this application. Include income from employment and other types of assistance. For income from employment, record the gross pay.

**HOUSEHOLD'S ANNUALIZED INCOME:**

\$ \_\_\_\_\_ (total income for 30 days) x 12 (months) = \_\_\_\_\_ (Household's Annualized Income)

To annualize income, enter the total household income for the past 30 days in the space provided and multiply the amount by 12, then enter the sum for the Household Annualized Income in the space provided.

**Is the Household's Annualized Income at or below 125% of the current Poverty Income Guidelines?  Yes  No**

**Part III.**

**CSBG INDIVIDUAL DEMOGRAPHIC INFORMATION**

H/H Mem #	Name	1. Sex		2. Age								3. (a) Race						3.(b) Ethnicity		4. Education					5. Other			
		a	b	a	b	c	d	e	f	g	h	a	b	c	d	e	f	a	b	a	b	c	d	e	a	b	c	
1																												
2																												
3																												
4																												
5																												

<b>1. Sex</b> a. Male b. Female	<b>2. Age</b> a. 0 - 5 b. 6 - 11  c. 12 - 17  d. 18 - 23 e. 24 - 44 f. 45 - 54 g. 55 - 69 h. 70+	<b>3. (a) Race</b> a. Black or African American b. White  c. American Indian or Alaskan Native d. Asian e. Multi-Race f. Other	<b>3. (b) Ethnicity</b> a. Hispanic or Latino b. Not Hispanic or Latino	<b>4. Education – highest grade completed for Adults 24 &amp; Older</b> a. 0 - 8 b. 9 - 12/Non Graduate  c. High School Graduate/GED  d. 12 + some post secondary e. 2 or 4 year college graduate	<b>5. Other</b> a. No Health Ins. or Medicaid b. Disabled  c. Veteran
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**Part IV.**

**CSBG HOUSEHOLD CHARACTERISTICS**

<b>6. Household Type</b>		<b>8. Source of Household Income</b>		<b>9. Level of Household Income</b>	
a.	Single Parent/Female	a.	No Income	a.	up to 50%
b.	Single Parent/Male	b.	TANF	b.	51 to 75%
c.	Two-parent household	c.	SSI	c.	76% to 100%
d.	Single person	d.	Social Security	d.	101% to 125%
e.	Two adults/no children	e.	Pension	e.	126% to 150%
f.	Other	f.	General Assistance	f.	151% to 175%
		g.	Unemployment Insurance	g.	176% to 200%
		h.	Employment plus any sources above	h.	201% and over
<b>7. Household Size</b>		i.	Employment Only	<b>10. Housing</b>	
a.	1	j.	Other	a.	Own
b.	2			b.	Rent
c.	3			c.	Homeless
d.	4			d.	Other
e.	5			<b>11. Other Characteristics</b>	
f.	6			a.	Receive Food Stamps
g.	7	CSBG Demographics & Household Characteristics have been transferred to tally sheets Date: _____ By: _____		b.	Farmer
h.	8 or more			c.	Migrant Farmworker
				d.	Seasonal Farmworker

**Part V.**

**CERTIFICATION (APPLICANTS MUST SIGN THIS SECTION)**

**I certify that the information provided on this application is true and correct to the best of my knowledge and belief.**

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

\_\_\_\_\_  
(Applicant's Signature)

**Part VI.**

**DESCRIPTION OF HOUSEHOLD SITUATION - PLAN OF ACTION**

**Describe the current household situation relevant to seeking assistance and agency plan of action. List assistance provided on Client Service Record.**

Client in need of tuition assistance and rental assistance.

**CSBG CLIENT INTAKE APPLICATION  
(INSTRUCTIONS)**

**CSBG subrecipients must complete and maintain a CSBG Client Intake form, which has the demographic and household characteristic data required for the CSBG Performance Report, for all households receiving a CSBG supported services.**

**CSBG Programmatic Reporting Period:** Program year/ Contract year in which service is to be provided.

**Date:** Date of CSBG Client Intake.

**Prepared By:** Name of Lafourche Parish Office of Community Action employee completing the CSBG Client Intake.

**Client File #:** A number used to identify the household's Central Client File. All Subrecipients should use client file numbers to ensure applicant confidentiality, i.e. such as alpha numeric characters which may include parish name, part of a last name, or a numbering system.

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**PART I. CLIENT INFORMATION**

**Name:** Head of household (should be the name used on the file).

**County:** Enter the applicant's parish of residence.

**Address:** Enter the address for the applicant's residence. If homeless, write in "homeless" or shelter address if applicable. Once applicant is placed in permanent housing, the address can be added with notation.

**Phone:** Home and work phone numbers if applicable.

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**PART II. INCOME/HOUSEHOLD MEMBERS**

**Household Member:** Enter the names of household members.

**Source of Income:** List income sources, employment, and other types of assistance for all household members age 18 and over during the 30 days prior to this application. For income from employment, record the gross pay.

**Social Security #:** Indicate Social Security Number.

**Documentation:** Identify the type of income documentation (pay stub, check, award letter, etc.) which was obtained. **NOTE:** If documentation of income cannot be obtained or if the applicant has no income, the applicant **MUST** complete and sign a Declaration of Income Statement form.

A copy of income documentation should be maintained in all client files. The Outreach Worker should indicate in writing when income is verified through DHS, etc. per phone conversation and ask the applicant to sign a Declaration of Income Statement form. If

proof of income is unavailable, the CSBG subrecipient's representative and either the executive director or program coordinator must sign the Declaration of Income Statement forms.

**Amount of Income for 30 Days Prior to Application Date:** Enter the gross pay and income for the past 30 days from the date of application. Enter the total 30 day income in the space provided. Include income from employment and other types of assistance.

**Household's Annualized Income:** Enter the total household income for 30 days prior to application and annualize the income for the household. Refer to current CSBG Income Guidelines. To annualize income, enter the total household income for the past 30 days in the space provided and multiply the amount by 12, then enter the sum for the Household's Annualized Income in the space provided.

**Is HH Income at 125% of Current Poverty Income Guidelines:** Check the appropriate box, yes or no.

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### **PART III. CSBG INDIVIDUAL DEMOGRAPHIC INFORMATION**

PLEASE NOTE THAT THE INFORMATION GIVEN FOR INDIVIDUAL DEMOGRAPHICS (PART III.) IS FOR INFORMATION ONLY. MUST PROVIDE SOCIAL SECURITY CARDS, DRIVERS LICENSE, ETC. PLEASE SEE CHECKLIST FOR REQUIRED DOCUMENTATION.

The information obtained while completing the CSBG Client Intake form or centralized intake form may be reported to the CSBG DEMOGRAPHIC TALLY SHEET or entered in CAP60 (electronic client tracking system).

**Household Member Numbers:** Assign a member number to each member of the household. These numbers are used to assist the organization to keep accurate Client Service Records and document services provided to each individual in the household.

**Name:** Place head of household in #1, then spouse (if applicable), then list other household members. If more than 8 household members, use an additional page and continue with number 9.

**1. Sex:** Place a check mark under the appropriate gender for each household member.

**2. Age:** Place a check mark or the actual age under the appropriate category for each household member.

**3. (a) Race:** Place a check mark under appropriate race for each household member. (See key at bottom of CSBG Client Intake.)

**3. (b) Ethnicity:** Place a check mark under appropriate ethnicity for each household member. (See key at bottom of CSBG Client Intake.)

- 4. Education:** Place a check mark in the appropriate educational level for household members age 24 and older. (See key at bottom of CSBG Client Intake.)
- 5. Other:** Place a check mark in categories (a-c) which apply to each household member (See key at bottom of CSBG Client Intake.) For category A - applicants with access to health care through Medicaid or Medicare should be checked here. **Note:** It is possible for more than one of the categories to apply to an individual household member.

**All individual household members' demographic information should be included on the CSBG DEMOGRAPHIC TALLY SHEET or in an electronic client tracking system the first time that at least one household member receives a community action service. Individual demographics are reported only one time during the CSBG programmatic reporting period.**

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#### **Part IV. CSBG HOUSEHOLD CHARACTERISTICS**

PLEASE NOTE THAT INFORMATION GIVEN FOR HOUSEHOLD CHARACTERISTICS (PART IV.) IS TO BE USED FOR INFORMATION PURPOSES ONLY. MUST PROVIDE SOCIAL SECURITY CARDS, DRIVERS LICENSE, ETC. PLEASE SEE CHECKLIST FOR REQUIRED DOCUMENTATION.

The information obtained while completing the CSBG Client Intake form or centralized intake form should be reported to the CSBG HOUSEHOLD CHARACTERISTICS TALLY SHEET or CAP60 (electronic client tracking system).

- 6. Household Type:** Check ONE box in this section to indicate household type.
- 7. Household Size:** Check ONE box in this section to indicate household size.
- 8. Source of Household Income:** Check each box in this section that indicates the source of income for the household. (Note: It is possible to check more than one box in this section.)
- 9. Level of Household Income:** Check the ONE box in this section that indicates the level of income for the household. Refer to the current Annual Update of Poverty Income Guidelines to determine income level. Indicate the percentage category of annual household income by placing a check mark in the appropriate box.
- 10. Housing:** Check the ONE box which indicates the household's current housing situation.
- 11. Other Characteristics:** Check each box in this section that indicates applicable household characteristics. (Note: More than one box can be checked in this section.) Please note the following definitions: **Migrant Farmworker:** An individual who is employed in agricultural labor of a seasonal nature and is required to be absent overnight from his/her permanent place of residence. **Seasonal Worker:** An individual who is employed in ranch or agricultural labor of a seasonal or temporary nature, is not required to be absent from his/her permanent place of residence, and who derives at least 20% of his/her income from agricultural labor or related industries.
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**Part V.**

**CERTIFICATION – Applicant Signature and Date:**

Have applicant sign and date the CSBG Client Intake form. All CSBG Client Intake forms must be signed by the applicant.

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**Part VI.**

**DESCRIPTION OF HOUSEHOLD SITUATION – PLAN OF ACTION**

Describe the household situation as it relates to the request for assistance.

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