

SELF - Supports to Encourage Low-income Families CSBG Customer Intake Form

Client Number:	Program	Application Date:
	<input type="checkbox"/> WCP/SCP/Pipp/HEAP <input type="checkbox"/> HWAP <input type="checkbox"/> NWC: HR <input type="checkbox"/> Build Up Academy <input type="checkbox"/> Getting Ahead <input type="checkbox"/> Jobs Now! <input type="checkbox"/> IDA <input type="checkbox"/> Microenterprise	

Primary Applicant

First Name:	M.I.:	Last Name:
Social Security Number	Date of Birth	Gender
___/___/___	___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Primary Applicant Demographic Information:

US Citizen?	Client Disabled?	Military Status	Ethnicity:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> None	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins

Race:	Education:
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or post-secondary school

Housing Status:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other
Building Type:	Work Status:
<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Unemployed (short-term, 6 mos. or less) <input type="checkbox"/> Employed part-time <input type="checkbox"/> Unemployed (long-term, more than 6 mos.) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Youth 14-24 who are neither working nor in school

Source of income:	Income Received:
<input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> No income/Zero Income <input type="checkbox"/> TANF/ADC <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Other (Please Specify)	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly

Household Information:

Address:				Apt/Lot:
City:	State:	Zip Code:	County:	
Phone Number:		Email Address:		
Mailing Address (if different from above)				Apt/Lot
Preferred method of contact? <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email				

Household Size	Family Type:
	<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other

Health Insurance Type:	Non-Cash Benefits:
<input type="checkbox"/> Medicaid <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Medicare <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> State CHIP <input type="checkbox"/> Self-Insured/Direct Pay	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Other

Additional Household Members

Social Security #					
Last Name					
First Name					
Date of Birth					
Education					
Gender					
Race					
Ethnicity					
Disabled (Y/N)					
Military					
Health Insurance					
Relationship					
Income Source					
Income					

I certify that these statements are true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature _____ Date _____

Office Use Only:	Poverty Ratio:
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Self-Declaration of Income Worksheet

Complete the information below only if you have no other way to document your income. Please complete all applicable sections. If not all sections are complete there may be a delay in processing your application.

Monetary Support section:

If you are receiving help paying your bills and / or expenses from a non-household member, please list their name(s) and phone number(s) below, also include a signed statement from that person(s). The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If more than one person is paying expenses, have him/her submit a separate signed statement as well and provide their name(s) and phone number(s) below.

First Name	Last Name	Telephone Number (include area code) () - - - -
Address		
First Name	Last Name	Telephone Number (include area code) () - - - -
Address		
First Name	Last Name	Telephone Number (include area code) () - - - -
Address		

Explain how the following expenses are paid (Write N/A to any that do not apply):

Bill	Monthly Amount	Gift / Loan / Paid Directly to Creditor	
Rent/Mortgage	\$	<input checked="" type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Food	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Gas	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Electric	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Phone/Cell	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Car Payment/Insurance	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Cable/Internet	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Personal Expenses	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Other Expenses	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor

Does your household receive any of the following?	Yes or No	Amount
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		\$

Income Comments Section

I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Customer Signature: _____

Date: _____

Getting Ahead Program Participant Assessment

Participant: _____ Date: _____

Address: _____

Email: _____

Best Phone Number: (____) _____

Emergency Contact: Name: _____

Phone Number: (____) _____

GETTING TO KNOW YOU:

Have you received assistance from SELF within the last 3 months?

How did you hear about Getting Ahead?

What are your goals you want to achieve in the next 1-5 years? (Hopes and dreams for you in the future?)

Do you have reliable transportation for you to attend the Getting Ahead classes?

Anything we should know that may prevent you from attending classes? (court dates, childcare, illness, treatment, work schedule. ect.)

PAST STORY:

Tell us about your work history. (Dates last worked, employment type, wage, hours, reason for leaving or termination)

Education. (Highest grade completed. Currently enrolled in any educational programs?)

WHAT'S LIFE LIKE NOW?

Current Situation:

Crisis at home? (having to move, caring for others, domestic violence, homelessness, custody issues)

FUTURE STORY:

What do you hope to learn in the class?

What is one goal you hope to achieve in the next year?

Commitment:

Are you ready to commit to the Getting Ahead Program?

Questions?

Participant: _____

Date: _____

Facilitator: _____

Date: _____



SUPPORTS TO ENCOURAGE LOW INCOME FAMILIES

Please check any of the following that interest you and would help your family become more self-sufficient. We may be able to connect you with one of our programs or refer you to other community agencies that can help.

Name: _____

Phone: _____

NEEDS and INTERESTS

Employment and Income

- Create a job search action plan
- Career testing/review career options
- Complete applications on-line
- Find sources for job opportunities
- Interview practice
- Employee assistance: employer issues
- Obtain a home computer
- Resume/cover letter writing
- Start or grow my own business

Financial

- Create a budget and financial plan
- Open checking or savings account
- Financial coaching and planning
- Credit counseling, credit building, or repair
- Pay major debts: _____
- Tax preparation assistance
- Save for a major purchase: _____
- Resources for financial assistance
- Free or low-cost clothes, household goods

Legal and Public Benefits

- Deal with police/criminal/traffic record
- Back-on-Track: Child Support
- Bankruptcy or Foreclosure
- Disability, Medicaid
- Social Security, Medicare
- _____

Personal

- Better communication
- Problem solving
- Conflict management
- Time management/multi-tasking
- Counseling
- Self-esteem or support groups
- Volunteering/community involvement

Education and Training

- Computer classes/skills
- Get my GED
- Learn a new trade
- Apply for financial aid
- Visit a college or trade school
- Register for classes
- Get my Associates or Bachelor Degree
- Special certification: _____

Housing

- Move into my own place
- Home ownership
- Eviction: avoid or move after
- Condition problems in apartment
- Utility or heating assistance
- Home ownership
- Home repairs or building code violations
- Weatherization, furnace repair, insulation

Health and Wellness

- Help finding a primary care doctor
- Medical/Dental/Vision needs
- Prescription or insurance assistance
- Addiction recovery support
- Counseling or mental health support
- _____

Family

- Increase parenting skills
- Better communication with family members
- Family counseling
- Activities & time together
- Help children succeed in school
- Find quality child care/after school care

Transportation

- Get my Driver's License (or get reinstated)
- Buy a car or car repairs
- Need car registration/insurance
- Public transportation: I don't drive



Supports to Encourage Low-income Families

REQUEST and CONSENT to RELEASE and OBTAIN INFORMATION

PURPOSE: This Request and Consent to Release Information Form is an effort made by SELF to collaborate with other community agencies that have, are currently, or may potentially serve the same client. The information shared will help maximize the use of community resources to more effectively serve and meet the client's needs.

This Authorization for Release is consent to disclose or obtain information for:

Name _____ Date of Birth _____

SS# _____ Myself only _____ or Myself and other minor members of my Household _____

I hereby authorize SELF to (check one):
[checked] Obtain from the following
[checked] Release to the following

- Department of Job and Family Services
Social Security Administration
Butler County Probation Department
Butler Metropolitan Housing Authority
Serve City
Homeless Shelters
Sojourners
Ohio Dept. of Unemployment Compensation
Ohio Dept. of Worker's Compensation
Ohio Bureau of Motor Vehicles
LifeSpan
Butler County Children Services
Butler County Juvenile Court
Butler County Educational Service Center
Butler County Behavioral Health
Faith United Methodist Church
Ohio Means Jobs- Butler County
Veterans' Administration
Legal Aid
Butler Co. Educational Service Center
Neighborhood Housing Services
Other Butler Tech

By signing this form voluntarily, the SELF client authorizes the above persons or agencies, which have been checked by the client, to share information. The information to be released is:

- Birth Certificate
Social Security Card(s)
Driver's License or Photo ID
Food Stamp Awards
Income Paystubs
TANF Eligibility
Child Support Payments
Social Security Awards
Other: _____

This Request and Consent to Release Information Form is valid for one year from the date of my signature, unless otherwise specified. I understand that I have the right to revoke this consent at any time between the date of my signature and the date of expiration.

Client Signature: _____ Date: _____



SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES

MEDIA RELEASE FORM

By signing below I, Mr./Mrs./Ms. _____ (name) authorize Supports to Encourage Low-income Families (SELF) to photograph, video or record me, members of my immediate family, my home and/or any work performed by the SELF program in which I participate.

I authorize the use of the images and statements in any media outlet such as newspapers, radio, television or Internet, the SELF website, and any other literature produced by SELF.

I understand the images and statements will be used for informational and instructional purposes only and will not be used to generate a profit or for any other commercial purposes. I also understand that SELF may choose not to use images of me, my family and/or my home.

I further authorize SELF to share these images and statements with state and national organizations or agencies for the same informational and instructional purposes.

I have not been compensated nor will I seek compensation for the photos or statements.

I release SELF from responsibility should a third party violate the terms of this release.

I am 18 years of age or older and I have read and understand this release.

Signature

Contact Number

Witness

Date

For Office Use Only

Updated 9/11 SN

- AAF
- GA/Cir
- P2E
- Other _____

- HEAP
- HWAP
- GWC

- IDA
- ME
- Zumbathon

Notes:



SELF's Customer Code of Conduct

It is the policy of SELF to ensure a safe and hostile-free environment for our staff and clients. Staff and clients deserve to be treated with dignity and respect.

All persons who enter any of SELF's offices are prohibited from carrying a handgun, firearm, knife, or weapon of any kind. This includes those licensed to carry a weapon.

Bullying, harassment, threats, verbal abuse and foul language are unacceptable and will not be tolerated.

Clients who do not follow this policy will be asked to leave without receiving services and will not be allowed to return unless their behavior changes. It is the discretion of management to decide whether an appointment will be rescheduled. Refusal to leave will result in the police being called.

By signing below, I acknowledge, understand and agree to follow SELF's Customer Code of Conduct.

Signature of Client

Date



SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES

Getting Ahead Participant Agreement

This agreement outlines the responsibilities to participate in SELF's Getting Ahead Program.

1. I will believe in my abilities and myself. I will strive to look for the positive in my life, my circumstances and my family.
2. I will provide requested information to determine if I am eligible for SELF's programs. I will notify my Facilitator of any changes in my income, household members, address, contact information, etc.
3. Getting Ahead is a weekly class. I will attend all the classes. I will notify the facilitator if I have an emergency and cannot attend **before** the start of the class. I will schedule a make-up before the next class. I can miss no more than two classes total.
4. I will truly participate in the classes and the program. I will be **on time** for classes and appointments. I will respect group rules, and participate in group discussions, homework and other activities. I will work on my Plan for Prosperity and personal resources. I will treat others in the workshop with respect.
5. I'm **committed to Getting Ahead** and will take full responsibility for my actions while in the program. I will maintain follow-up contact with the Facilitator after graduation.

I understand that failure to honor this agreement may mean that I will be exited from the program. I may also lose future incentives or benefits from the program.

Participant's Signature

Date

Facilitator's Signature

Date

Getting Ahead Attendance Policy Agreement

It is important we are all here together as we work through the Getting Ahead curriculum. Much of what we learn in these upcoming weeks is a result of full participation and a commitment to attend.

➤ If you are going to miss class...

- Call Facilitator at least one hour before class begins.
- Be prepared to schedule a make-up appointment when you call to report your absence
- Make-up appointment must be scheduled within one week of the missed class and must take place within two weeks of the missed class

➤ If you are going to arrive late or leave early....

- Contact Facilitator at least one hour before class begins.
- If you arrive late or leave early **without** making previous arrangements with facilitator you will not receive your Kroger gift card.

➤ Only 2 make-up classes will be allowed during each GA class session.
After this you will be removed from the program

➤ Class begins on time– please be ready to start at that time.

The Getting Ahead Program reviews a lot of information and to get through all of the material in the time allowed for class, so it is important that we are all present and stay timely for quality learning and maximum benefit of classes.

Participants Signature: _____ Date: _____

Facilitators Signature: _____ Date: _____