

**PEORIA CITIZENS COMMITTEE FOR ECONOMIC OPPORTUNITY, INC.
INTAKE FORM**

<input type="checkbox"/> FEMA	<input type="checkbox"/> Individual Service
<input checked="" type="checkbox"/> Community Services Block Grant	<input type="checkbox"/> Emergency Services Grants Program
Agency <u>PCCEO</u>	Application Date ___ / ___ / ___ Intake Site _____

APPLICANT INFORMATION

SSN ___ / ___ / ___ Date of Birth ___ / ___ / ___ Phone _____

Last Name _____ First _____

Street Address _____ City _____ Zip _____

Gender M F Disabled Yes No Food Stamps Yes No

Health Insurance Yes No Veteran Yes No

Ethnicity <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Nat. American/Alaska <input type="checkbox"/> Asian	Education Level <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 (not HS Grad) <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> 12+ <input type="checkbox"/> College Grad
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No. of persons in your household including yourself _____

Type of Farmer <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Seasonal <input type="checkbox"/> Not a Farmer	Family Type <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parents <input type="checkbox"/> Couple/no children <input type="checkbox"/> Single <input type="checkbox"/> Other
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Housing Status
 Renter \$ _____
 Owner
 Homeless
 Other

Sources(s) of Household Income _____ Total 90 days Income \$ _____

- Employment
- Pension
- TANF
- SSI
- General Asst.
- SS
- Unemployment
- Disability
- Other

For Office Use Only	
<i>Service Received</i>	<i>Amount Received</i>

PLEASE ENTER SPOUSE AND DEPENDENT INFORMATION ON THE OTHER SIDE

SPOUSE AND DEPENDENT INFORMATION

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	
Last Name _____		First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____	Education Level _____		

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	
Last Name _____		First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____	Education Level _____		

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	
Last Name _____		First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____	Education Level _____		

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	
Last Name _____		First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____	Education Level _____		

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	
Last Name _____		First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____	Education Level _____		

SSN _____ / _____ / _____	Date of Birth _____ / _____ / _____	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	
Last Name _____		First _____	Relationship _____		
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____	Education Level _____		

(Please use separate sheet of paper for more dependents. Be sure to include all of the above information.)

APPLICATION AFFIRMATION AND AUTHORIZATION TO VERIFY INFORMATION APPLICANT STATEMENT: I certify that the above information is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation and by signature, I authorize others to release such information as may be required for the determination of my eligibility.

Signature of Applicant _____ Date _____

Applicant Email Address _____

Intake Worker Signature _____ Date _____

PEORIA CITIZENS COMMITTEE FOR ECONOMIC OPPORTUNITY, INC. (PCCEO)
CHILD SUPPORT ENFORCEMENT REFERRAL

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 & telephone numbers**

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

Client Signature

Date

PCCEO Staff Signature

Date

Results of follow up: _____

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

PCCEO Staff Signature

Date



COMMUNITY SERVICES PROGRAM

Letter of Understanding

Terms of Emergency Services

I, head of household, _____, attest to the fact that I
have received _____ assistance.
(rental, prescription, food, emergency lodging)

**I understand that my household may only receive this type of service from
PCCEO once per calendar year.**

PCCEO may refer my household to other programs that may provide similar services if
needed.

SIGNATURE

DATE

Printed Name

Telephone Number

Witnessed by