

**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 <input type="checkbox"/> M <input type="checkbox"/> F	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> 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
Housing Status <input type="checkbox"/> Renter \$ _____ <input type="checkbox"/> Owner <input type="checkbox"/> Homeless <input type="checkbox"/> Other	

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

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

<b>For Office Use Only</b>	
<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

**PCCEO COMMUNITY SERVICES PROGRAM**

Acknowledgement of Expectations

I, head of household, \_\_\_\_\_, attest to the fact that I have received emergency lodging assistance.

I understand that I am expected to follow the rules of the hotel including, but not limited to:

- No smoking in non-smoking rooms
- No use of illicit drugs
- Only individuals for whom a reservation has been made are permitted to stay in the rooms
- Follow courtesy rules including no loud music and no fighting on the premises
- Keep room(s) clean

I understand that, if asked to leave the premises due to misconduct, I will not be assisted further by PCCEO.

I understand that I will be held financially responsible for any and all incidental charges placed by the hotel for damages that occur during my stay.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Witnessed by