

**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	Education Level	<input type="checkbox"/> 0-8
	<input type="checkbox"/> White		<input type="checkbox"/> 9-12 (not HS Grad)
	<input type="checkbox"/> Hispanic Origin		<input type="checkbox"/> HS Grad/GED
	<input type="checkbox"/> Nat. American/Alaska		<input type="checkbox"/> 12+
	<input type="checkbox"/> Asian		<input type="checkbox"/> College Grad

No. of persons in your household including yourself \_\_\_\_\_

Type of Farmer	<input type="checkbox"/> Farmer	Family Type	<input type="checkbox"/> Female Single Parent
	<input type="checkbox"/> Migrant		<input type="checkbox"/> Male Single Parent
	<input type="checkbox"/> Seasonal		<input type="checkbox"/> Two Parents
	<input type="checkbox"/> Not a Farmer		<input type="checkbox"/> Couple/no children
			<input type="checkbox"/> Single
			<input type="checkbox"/> Other

Housing Status  Renter \$ \_\_\_\_\_  
 Owner  
 Homeless  
 Other

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

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

For Office Use Only	
Service Received	Amount Received

**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 \_\_\_\_\_



## 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