

**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 Employment Total 90 days Income \$ _____

- 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 _____