

**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
Housing Status <input type="checkbox"/> Renter \$ _____ <input type="checkbox"/> Owner <input type="checkbox"/> Homeless <input type="checkbox"/> 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 _____



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

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

PCCEO EMERGENCY ASSISTANCE PROGRAM

ZERO INCOME AFFIDAVIT

I, head of household, _____, attest to the fact that my household has received no income for the period covering

_____ to _____.

I met my financial obligations during this period with:

_____ from _____
(\$ amount or items) (name of source/ telephone)

(address)

_____ from _____
(\$ amount or items) (name of source/ telephone)

(address)

Name of last place of employment of last public assistance source, address, and telephone number (If known)

DATE OF TERMINATION

I understand that to perjure myself in order to obtain assistance is a fraudulent offence for which I can be prosecuted or denied assistance.

SIGNATURE

DATE

Print Name

Social Security Number

Address City, State Zip Code

Witnessed by Date