**CDBG Public Service Intake Form**

**For HUD Presumed Group: Elderly Persons**

This program is funded by a federal grant and we are required to collect certain information for reporting purposes. ***THIS INFORMATION IS CONFIDENTIAL*** and will be used to compile statistical data only. Proof of address and age is required. Please provide a photocopy of a driver’s license, identification card, birth certificate and/or utility bill to verify your current address and age. In the event that copies of these document(s) cannot be provided, you will be asked to present the required documentation to a representative of the program for verification. Please fill in the following information:

|  |  |
| --- | --- |
| Participant Name: | Date: |
| Address: |
| City: | Zip: |
| Contact Number: | Email Address: |
| Age: | Date of Birth: |

1. Head of Household: [ ]  Male [ ]  Female
2. Are you 62 years of age or older: [ ]  Yes [ ]  No
3. Number of people residing in your household: \_\_\_\_\_\_
4. List all members of your household and their relationship to you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Ethnic Background (Check One): [ ]  Hispanic [ ]  Non-Hispanic
2. Racial Background (Check One):

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | White | [ ]  | American Indian/Alaskan Native & White |
| [ ]  | Black/African American | [ ]  | American Indian/Alaskan Native & Black |
| [ ]  | Asian | [ ]  | Asian & White |
| [ ]  | American Indian/Alaskan Native | [ ]  | Black & White |
| [ ]  | Native Hawaiian /Pacific Islander | [ ]  | Other Multi-Racial |

*According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested.*

**Under penalty of perjury, I certify that the above information is true and correct.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | APPLICANT SIGNATURE  |   | DATE |

**Staff Use Only**

**Proof of Residency Documentation (Please Check At Least One):**

[ ]  Driver’s License [ ]  Utility Bill [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proof of Age Verification (Senior Programs Only):**

[ ]  Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Birth Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Place a copy of the Age Verification Documentation in the Client File with this Intake Form)

*I certify that the documentation presented confirms the information provided on the intake form. Proof of Age Attached and Verified by:*

**Staff Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_