

Monument Crisis Center Intake Form

First Name: _____ Initial: _____ Last Name: _____
 Address: _____ Apt #: _____
 City: _____ Zip Code: _____
 Telephone Number: _____ Mobile Number: _____
 Ethnicity: _____ Marital Status: Single or Married
 Please Circle One: Rent or Own
 Monthly Rent/Mortgage Payment: \$ _____
 Total Number of Persons Living in Household (Including Yourself): _____

Names of Yourself and the Others in the Household	Male/ Female	Date of Birth	Relationship to Yourself	Amount of Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Indicate amount of Income/Assistance:

Wages: _____ Unemployment: _____
 Social Security: _____ Employment Disability: _____
 Child Support: _____ SSDI: _____
 SSI: _____ TANF: _____
 Other: _____ No Income: _____

TOTAL MONTHLY INCOME: \$ _____

Do you receive any other type of assistance (WIC, Food Stamps, Section 8, etc.)? _____
 If so, what type and where? _____

Please explain briefly why you are in need of assistance: _____

Release of Information

I authorize Monument Crisis Center employees to release any and all medical, employment, or other records and information concerning myself with other agencies in obtaining services for me.

Signature: _____ Date: _____

**CONTRA COSTA COUNTY CONSORTIUM
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PARTICIPATION DATA – FY 2008-09**

Program: Monument Crisis Center

The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). HUD monitors the County as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

Male Female

<hr/> Name	<hr/>	<hr/>
<hr/> Street Address	<hr/> City	<hr/> Zip Code

1. **Status** (Check all that apply): 62 years or older Disabled
2. **Head of Household:** Are you the head of the household? Yes No
3. **If you are not the head of the household, is the head of the household female?** Yes No
4. **Household Size and Total Annual Household Income:**
 A. Circle the total number of people in your household in the first column.
 B. On the line corresponding to your household size, check the income range that includes your household's annual income.

A. Household Size	B. Total Household Income		
1	<input type="checkbox"/> \$18,100 or less	<input type="checkbox"/> \$18,101 - \$30,150	<input type="checkbox"/> \$30,151 - \$46,350
2	<input type="checkbox"/> \$20,700 or less	<input type="checkbox"/> \$20,701 - \$34,450	<input type="checkbox"/> \$34,451 - \$53,000
3	<input type="checkbox"/> \$23,250 or less	<input type="checkbox"/> \$23,251 - \$38,750	<input type="checkbox"/> \$38,751 - \$59,600
4	<input type="checkbox"/> \$25,850 or less	<input type="checkbox"/> \$25,851 - \$43,050	<input type="checkbox"/> \$43,051 - \$66,250
5	<input type="checkbox"/> \$27,900 or less	<input type="checkbox"/> \$27,901 - \$46,500	<input type="checkbox"/> \$46,501 - \$71,550
6	<input type="checkbox"/> \$30,000 or less	<input type="checkbox"/> \$30,001 - \$49,950	<input type="checkbox"/> \$49,951 - \$76,850
7	<input type="checkbox"/> \$32,050 or less	<input type="checkbox"/> \$32,051 - \$53,400	<input type="checkbox"/> \$53,401 - \$82,150
8 or more	<input type="checkbox"/> \$34,100 or less	<input type="checkbox"/> \$34,101 - \$56,850	<input type="checkbox"/> \$56,851 - \$87,450

Check here if your income does not fall into any of the income ranges corresponding with your household size.

5. **Do you receive income from any of the following sources?:**
 CalWORKs General Assistance Social Security
 Food Stamps Medi-Cal Other: _____
6. **Race** (Check only one):
 American Indian/Alaskan Native Asian White
 Native Hawaiian/Pacific Islander Asian & White Black/African American
 American Indian/Alaskan Native & White Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial: _____
 Hispanic Ethnicity (you must also check one of the racial categories if you select this category)

I hereby certify that the above information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

<hr/> Signature	<hr/> Date
------------------------	-------------------