

_____ first name _____ initial _____ last name

_____ address _____ apt. # _____ city and zip code

_____ home phone number _____ cell phone number _____ ethnicity _____ marital status

own

Circle one option: **rent** monthly payment \$: _____

number of people who will be receiving the food:

homeless

names of all the people who will be receiving the food (include yourself)	male / fem.	date of birth	relationship to yourself	monthly income	what type of income
		/ /		\$	
		/ /		\$	
		/ /		\$	
		/ /		\$	
		/ /		\$	
		/ /		\$	
		/ /		\$	
		/ /		\$	
		/ /		\$	
		/ /		\$	
TOTAL:				\$	

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 2010-11**

Program: _____

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

Name		
Street Address	City	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"/> \$19,000 or less	<input type="checkbox"/> \$19,001 - \$31,650	<input type="checkbox"/> \$31,651 - \$45,100
2	<input type="checkbox"/> \$21,700 or less	<input type="checkbox"/> \$21,701 - \$36,150	<input type="checkbox"/> \$36,151 - \$51,550
3	<input type="checkbox"/> \$24,400 or less	<input type="checkbox"/> \$24,401 - \$40,650	<input type="checkbox"/> \$40,651 - \$58,000
4	<input type="checkbox"/> \$27,100 or less	<input type="checkbox"/> \$27,101 - \$45,150	<input type="checkbox"/> \$45,151 - \$64,400
5	<input type="checkbox"/> \$29,300 or less	<input type="checkbox"/> \$29,301 - \$48,800	<input type="checkbox"/> \$48,801 - \$69,600
6	<input type="checkbox"/> \$31,450 or less	<input type="checkbox"/> \$31,451 - \$52,400	<input type="checkbox"/> \$52,401 - \$74,750
7	<input type="checkbox"/> \$33,650 or less	<input type="checkbox"/> \$33,651 - \$56,000	<input type="checkbox"/> \$56,001 - \$79,900
8 or more	<input type="checkbox"/> \$35,800 or less	<input type="checkbox"/> \$35,801 - \$59,600	<input type="checkbox"/> \$59,601 - \$85,050

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.

Signature	Date
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