



Intake Form

(Household & Primary Contact)

Date of Intake

Case Manager

Head of Household full name

Physical Address

Date moved in (approximate) _____

Address1

Unit or Lot Number

City

State

Zipcode

Mailing Address

If different than Physical Address

Address1

City

State

Zipcode

Head of Household Information

Phone(s): Primary: _____

Other: _____

First Name

Middle Name

Last Name

Last 4 of Social Security Number

DOB

Gender

Email: _____

Marital Status: Married Single Sep. Div. Common Law Widowed UnK

Ethnicity: Hispanic Non-Hispanic / Not Latino Race (can list more than one)

Languages: _____
(can list more than one)

- Health Ins:
- No Health Insurance
 - Ins-Direct Purch (exchange,etc)
 - Ins-Employment Based
 - Ins-Medicare
 - Ins-Military Health Care
 - Ins-State Children's Medicaid
 - Ins-State Health Ins Adult's Medicaid

Highest Education: _____

Disability: Disabled Not Disabled

Employment Status:

- Disabled
- Empl-Full Time
- Empl-Part Time
- Homemaker
- In School
- Migrant Seas. Farm Wk
- Not in Labor Force
- Retired
- Self-employed
- Unempl (< 6 months)
- Unempl (> 6 months)
- Unempl-Not Seeking Wk
- Unempl-Seeking Wk
- Student

Veteran Status:

- Active Duty
- Not Veteran
- Veteran
- Not Asked
- Refused



Intake Form

(Household Income and Benefits)

Date of Intake _____ Case Manager _____ Head of Household full name _____

Household Income Complete for all adults 18 years or older

Individual HH Earned Income

Name: _____ DOB _____

Place of Employment/Source	Average Gross	Annual	Bi-Monthly	Bi-Weekly	Monthly	Weekly
1 _____	_____	□	□	□	□	□
2 _____	_____	□	□	□	□	□

Individual HH Earned Income

Name: _____ DOB _____

Place of Employment/Source	Average Gross	Annual	Bi-Monthly	Bi-Weekly	Monthly	Weekly
1 _____	_____	□	□	□	□	□
2 _____	_____	□	□	□	□	□

Individual HH Earned Income

Name: _____ DOB _____

Place of Employment/Source	Average Gross	Annual	Bi-Monthly	Bi-Weekly	Monthly	Weekly
1 _____	_____	□	□	□	□	□
2 _____	_____	□	□	□	□	□

Additional Income Complete for all household members

(SSI, SSDI, Social security, Pension, Child Support, Public Assistance, Maintenance, Unemployment, Workmens Comp, Other)

Who Recieves this Income	Income source	Amount Received	How often Received
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Household Benefits Complete for All Primary Recipients

#	Benefit Item	Benefit Amt (\$)	Primary Receiving Benefit	Date Expires	Verified
1	SNAP	_____	_____	_____	_____
2	LEAP Assistance	_____	_____	_____	_____
3	Additional SNAP	_____	_____	_____	_____
4	Other	_____	_____	_____	_____



Intake Form RELEASE

Date of Intake

Case Manager

Head of Household full name

I UNDERSTAND THAT MY INFORMATION MAY BE SHARED WITH OTHER AGENCIES OR BUSINESS FOR REFERRAL, STATISTICS, AS WELL AS TO AID IN THE ACQUIRING OF SERVICES, ETC.

I AUTHORIZE TRI-LAKES CARES TO VERIFY ALL INFORMATION AND STATEMENTS FROM ME AND ABOUT MY HOUSEHOLD.

I UNDERSTAND THAT FRAUDULENT INFORMATION MAY RESULT IN DENIAL OF ASSISTANCE AND SERVICES FROM TRI-LAKES CARES AS WELL AS POSSIBLY COLLABORATIVE AND PARTNER AGENCIES.

I ALSO AGREE BY SIGNING BELOW I HEREBY VERIFY A NEED FOR FOOD.

I UNDERSTAND AND AGREE FOOD IS FOR PRIVATE USE AND NOT FOR SALE OR BARTER.

PRINT CLIENT NAME _____

SIGNATURE OF CLIENT _____ **DATE:** _____

SIGNATURE OF TLC STAFF _____ **DATE:** _____

**TRI-LAKES CARES
RESIDENCY DECLARATION**

Tri-Lakes Cares ("TLC") receives government grant funding through the Community Services Block Grant ("CSBG") program. The regulations governing this program stipulate that CSBG funds may only be used to assist clients who are lawfully present in the United States.

You are eligible to receive services at Tri-Lakes Cares regardless of your legal residency status, provided you meet TLC's other eligibility criteria and remain in good standing with the organization. However, Tri-Lakes Cares must know your legal residency status in order to properly allocate the assistance we provide you to the correct funding sources.

Please read this Declaration carefully. Please feel free to consult with an Immigration lawyer or other expert of your choosing if you have questions or concerns.

I, _____, swear or affirm under penalty of perjury that (check one):

- I am a United States citizen, or
- I am a non-citizen national of the United States, or
- I have an immigration status that makes me a "qualified alien", or
- None of the above three options reflect my immigration or citizenship status.

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statutes § 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Name (please print)

Signature

Date

Tri-Lakes Cares Release of Information

Authorization for Release of Information

Applicant: _____

All information and records received shall be kept confidential with the agency and its partner organizations.

What information do we collect?

Information collected may consist of the following PPI (Protected Personal Information):

- Identifying Information (Name, birth date, gender, race, social security number, residential information, phone number, photograph likeness, etc., and same for each household member)
- Financial Information (employment status, income verification, public assistance payments and allowances, food stamp allotments, etc.)

How will my information be used?

The statistics we get from data collection allow us to provide the most effective services, track program success and advocate for our clients. The information we collect also allows us to meet our legal requirements to state and federal agencies, as well as fulfilling our accountability obligations to our funders.

What information is shared and why?

Aggregate de-identified statistics (this means group statistics where the names are not shown) will be shared to produce regional or funder reports. We also share basic identifying and limited financial information about clients and households to avoid duplication of records between agencies. This expedites and coordinates services, so that you may avoid being screened, and telling your story over and over again.

By signing this form, I understand that:

- Giving my information does not guarantee that I will receive assistance.
- Information is shared for the purpose of better coordination of services and so that this agency and its partners can meet their funder reporting requirements.
- Authorized staff using the database information to write reports may see my information.
- My private information will never appear in research reports; any researchers requesting access to information must sign an agreement to protect my privacy before seeing data.
- I understand that the receipt of services is based on agency policy and the requirements of certain funding agencies.

- I understand that this written consent allows Tri-Lakes Cares to collect (in writing or direct input) enter, see, and update information about my family and myself in the EmpowOR system.
- I understand that Tri-Lakes Cares and the EmpowOR system administrators will never give information that can be used to tell who I am to anyone outside the agency without my written consent or as required through a court order.
- I understand that the confidentiality of my records is protected by law.

I release these persons, agencies or institutions from any and all liability which may result from providing such information as it pertains to me or members of my household.

This consent is given only in connection with its use for programs at this agency and coordination with partner agency and for no other purposes:

_____ As Head of Household, I understand by signing this document it includes release
initials
 for all living within my household.

HH Member _____ Age _____

HH Member _____ Age _____

HH Member _____ Age _____

HH Member _____ Age _____

HH Member _____ Age _____

HH Member _____ Age _____

Signature of Client _____ Date _____

Print Name _____

CDBG Head of Household Information Form

Definitions of the terms used below (as defined by the federal government for the purposes of this funding source) are listed on the back of this sheet. Please refer to the back if you have any questions about one of these terms.

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Gender: Female Male Transgender

Are you Hispanic or Latino? Yes No

What is your race? Please check all that apply.

- Asian
- Black or African American
- Native American
- Native Hawaiian or Pacific Islander
- White or Caucasian

How many people live in your household, including you? _____

Are you the head of your household? Yes No If not, who is? _____

What is their relationship to you? _____

Please check any of the following that apply to you OR a member of your household:

- | | |
|---|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Chronically Homeless | <input type="checkbox"/> Victim of Domestic Violence |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Abused or Neglected Children |
| <input type="checkbox"/> Frail Elderly | <input type="checkbox"/> Injured Soldier or Veteran |
| <input type="checkbox"/> Severe Mental Illness | <input type="checkbox"/> Alcohol or Drug Abuse |
| <input type="checkbox"/> Development Disability | <input type="checkbox"/> HIV / AIDS |

I certify that all the information above is true and correct to the best of my knowledge, and that I am a U.S. Citizen or otherwise legally present in the United States of America.

Signature: _____

Date: _____

TLC STAFF ONLY

Resident of Palmer Lake, Monument, or
Unincorporated El Paso County?

Yes No Verified on: _____
(date)

Definitions:

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- **Asian:** A person having origins in any of the original peoples of Far East, Southeast Asia, or Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups of Africa.
- **Native American or Alaska Native:** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White or Caucasian:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Homeless:** An individual or household that lacks a fixed, regular, and adequate nighttime residence; and who has a primary nighttime residence that is: A. A supervised shelter designed to provide temporary living accommodations, B. An institution that provides a temporary residence for individuals to be institutionalized; or C. a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
- **Chronically Homeless:** An unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter at the time.
- **Elderly:** individual either person 62 years or older.
- **Frail Elderly:** An elderly person who is unable to perform at least three activities of daily living (i.e. eating, dressing, bathing, grooming, and household management activities).
- **Severe Mental Illness:** A psychological or behavioral pattern that occurs is thought to cause distress or disability that is not expected as part of normal development or culture.
- **Developmental Disabilities:** A disability that is manifested before the person reaches 22 years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.
- **Physical Disabilities:** Physical impairment refers to a broad range of disabilities which include orthopedic, neuromuscular, cardiovascular and pulmonary disorders. People with these disabilities often must rely upon assertive devices such as wheelchairs, crutches, canes, and artificial limbs to obtain mobility. The physical disability may either be congenital or a result of injury, muscular dystrophy, multiple sclerosis, cerebral palsy, amputation, heart disease, pulmonary disease or more. Some persons may have non-visible disabilities which include pulmonary disease, respiratory disorders, epilepsy and other limiting conditions.
- **Victims of Domestic Violence:** Broadly defined, are those experiencing violence or a threat of violence within a home, either physical or emotional.
- **Abused and Neglected Children:** Children experiencing a threat to their health or welfare.
- **Injured Soldiers and Veterans:** Injured soldiers are those that were injured in the call of duty, Veterans are those with at least 180 days of regular active duty service and you were honorably discharged or released, or have at least 90 days of active duty service, at least one day of which was during wartime.
- **Alcohol and Drug Abuse:** A serious and persistent alcohol or other drug dependence that significantly limits a person's ability to live independently. Include both psychological dependence (where there may be no obvious withdrawal syndrome or tolerance) and physical dependence.
- **HIV/AIDS:** Persons with the human immunodeficiency virus (HIV), and/or acquired immunodeficiency syndrome (AIDS).