

CLIENT REGISTRATION FORM



PERSONAL INFORMATION

Legal First Name

Middle Name

Last Name

Preferred Name

Last 4 of SSN

XXX-XX-

Date of Birth (MM/DD/YYYY)

Gender

Race

Hispanic Origin (circle one)

Yes

No

Are you disabled? (circle one)

Yes

No

Health Insurance

Language(s)

Marital Status

Divorced
Married
Single
Partnership
Separated
Widowed

Employment/School Status

Employed Part-Time
Employed Full-Time
Not in Labor Force
Unemployed
School/Job Training
Self-Employed
Other

Veteran Status

Active Duty
Veteran
Not Veteran
Retired
Declined to Answer

Highest Completed Education

Phone #

Email

Physical Address

Mailing Address (if different than physical address)

How did you hear about Tri-Lakes Cares?

THANK YOU FOR YOUR INFORMATION!



ADDITIONAL HOUSEHOLD MEMBER IF APPLICABLE:

Legal First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 of SSN	Date of Birth (MM/DD/YYYY)	Gender
<input type="text" value="XXX-XX-"/>	<input type="text"/>	<input type="text"/>
Race	Hispanic Origin (circle one)	Are you disabled? (circle one)
<input type="text"/>	<input type="text" value="Yes"/> <input type="text" value="No"/>	<input type="text" value="Yes"/> <input type="text" value="No"/>
Health Insurance	Language(s)	Highest Education
<input type="text"/>	<input type="text"/>	<input type="text" value="Yes"/> <input type="text" value="No"/>
Marital Status	Employment/School Status	Veteran Status
<input type="text" value="Divorced"/> <input type="text" value="Married"/> <input type="text" value="Single"/> <input type="text" value="Partnership"/> <input type="text" value="Separated"/> <input type="text" value="Widowed"/>	<input type="text" value="Employed Part-Time"/> <input type="text" value="Employed Full-Time"/> <input type="text" value="Not in Labor Force"/> <input type="text" value="Unemployed"/> <input type="text" value="School/Job Training"/> <input type="text" value="Self-Employed"/> <input type="text" value="Other"/>	<input type="text" value="Active Duty"/> <input type="text" value="Veteran"/> <input type="text" value="Not Veteran"/> <input type="text" value="Retired"/> <input type="text" value="Declined to Answer"/>
Phone #	Email	Relationship to Primary
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL HOUSEHOLD MEMBER IF APPLICABLE:

Legal First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 of SSN	Date of Birth (MM/DD/YYYY)	Gender
<input type="text" value="XXX-XX-"/>	<input type="text"/>	<input type="text"/>
Race	Hispanic Origin (circle one)	Are you disabled? (circle one)
<input type="text"/>	<input type="text" value="Yes"/> <input type="text" value="No"/>	<input type="text" value="Yes"/> <input type="text" value="No"/>
Health Insurance	Language(s)	Highest Education
<input type="text"/>	<input type="text"/>	<input type="text" value="Yes"/> <input type="text" value="No"/>
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<input type="text" value="Divorced"/> <input type="text" value="Married"/> <input type="text" value="Single"/> <input type="text" value="Partnership"/> <input type="text" value="Separated"/> <input type="text" value="Widowed"/>	<input type="text" value="Employed Part-Time"/> <input type="text" value="Employed Full-Time"/> <input type="text" value="Not in Labor Force"/> <input type="text" value="Unemployed"/> <input type="text" value="School/Job Training"/> <input type="text" value="Self-Employed"/> <input type="text" value="Other"/>	<input type="text" value="Active Duty"/> <input type="text" value="Veteran"/> <input type="text" value="Not Veteran"/> <input type="text" value="Retired"/> <input type="text" value="Declined to Answer"/>
Phone #	Email	Relationship to Primary
<input type="text"/>	<input type="text"/>	<input type="text"/>

INCOME & BENEFITS VERIFICATION

Name How many in the household?

Sources of Income (Gross, Pre-Tax)	COMBINED Income for All Household Members (18+)	*Required Documents
<i>Example: Joe's Employment</i> <i>Social Security Income</i>	\$1,200/monthly \$750/monthly	Pay Stubs (most recent 2 months) Benefit Award Letter(s)
Employment	\$ /monthly	Pay Stubs (most recent 2 months)
Self-Employment	\$ /monthly	Profits and Loss Statement(s)
Public Assistance Cash Benefits (TANF)	\$ /monthly	Benefit Award Letter(s)
Alimony/Spousal Support	\$ /monthly	Court Order Detailing Support
Child Support	\$ /monthly	Record of Family Support Registry
Retirement/Pension	\$ /monthly	Benefit Statement or Award Letter(s)
Rental Income	\$ /monthly	Profit and Loss Statement(s)
Any Social Security Income (circle: SSI, SSDI, SSA)	\$ /monthly	Benefit Award Letter(s)
Unemployment Insurance	\$ /monthly	Benefit Award Letter(s)
** Other Taxable Income	\$ /monthly	Income Specific Documentation
No Income	\$ 0 /monthly	Zero Income Affidavit
TOTAL	\$ /monthly	

*If you are unable to obtain any of the required documents below, please submit most recent 2 months of bank statements with income sources highlighted as alternative proof of income.

**Other Taxable Income includes VA Service & Non-Service-Connected Disability Compensation, Disability Pension, Private Disability insurance, Worker's Compensation, and Earned Income Tax Credit.

Non-Cash Benefits (please check any items someone in the household receives)

- | | | |
|---|---|--|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> WIC | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Affordable Care Act Subsidy |
| <input type="checkbox"/> Childcare Voucher | <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> HUD-VASH |
| | | <input type="checkbox"/> Other _____ |

My signature below indicates that I have provided a thorough and complete account for all the current income for my household. I agree to inform the assigned case manager within ten (10) business days of any change in the financial or employment status of my household.

Signature _____

Date _____

Tri-Lakes Cares uses a variety of funding sources to meet the needs of our client community, including funding specifically related to the impact of the COVID-19 Pandemic. Your answers to this survey will not impact your eligibility for services but may be used to assist in the allocation of funds or for reporting purposes.

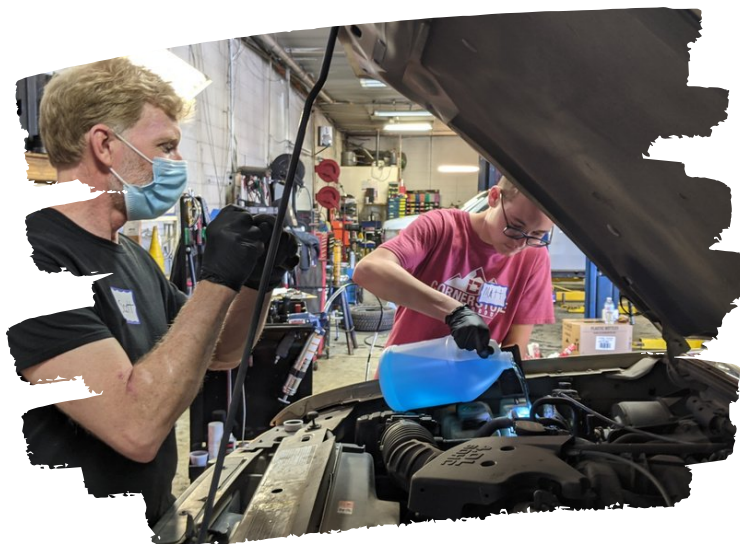
NAME: _____

1. Has your household been impacted by COVID-19?

- Yes
- No
- Prefer Not to Answer

2. If yes, how? Check all that apply.

- Laid off/furloughed
- Reduction of hours at work
- Got sick with COVID-19
- Needed to care for family member(s) sick with COVID-19
- Took unpaid leave due to work or daycare closure
- Classified as a vulnerable population, need to stay home/limit potential to COVID-19
- Other _____



RELEASE OF INFORMATION (ROI) AUTHORIZATION FOR RELEASE OF INFORMATION



Name of Applicant: _____

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

What Protected Personal Information (PPI) do we collect?

- Identifying Information (name, birth date, gender, race, social security number, residential information, phone number, photograph likeness, etc., and the same for each household member)
- Financial information (employment status, income verification, public assistance, food stamps, 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. This information 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.

Mandated Reporting

The Case Managers and staff at Tri-Lakes Cares are mandatory reporters in the State of Colorado and required to make a report if it is believed a person is at risk of harming his or herself or someone else. Confidential information may be provided to the appropriate agency (such as local law enforcement) if info is shared suggesting someone is in danger.

By signing this form, I understand that:

- Giving my information does not guarantee that I will receive assistance.
- Information is shared for improving coordination of services and meeting 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 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 share information that can be used to tell who I am to anyone outside the agency without my written consent or as required through court order unless we are required to do so per funding requirements.
- I understand the confidentiality of my records is protected bylaw; it will never be shared with third-party spammers.
- I understand that case managers and staff are mandatory reporters in the State of Colorado.

Help Yourself Market

You agree to accept the food and sundries for your personal use. You agree not to sell the food and sundries that you receive from TLC.

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 agencies and for no other purposes.

Please sign that you have read and understand this information:

Client Signature

Print Name

Date

RESIDENCY DECLARATION



Tri-Lakes Cares 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 Care 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 consistent 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.

Client Signature

Print Name

Date



WAY TO GO! YOU FINISHED!