

ECONOMIC EMPOWERMENT INTAKE

DEMOGRAPHIC CHARACTERISTICS

1. YOUR NAME <i>FIRST</i>	<i>LAST</i>	2. TODAY'S DATE <i>MONTH</i>	<i>DAY</i>	<i>YEAR</i>
---------------------------	-------------	------------------------------	------------	-------------

3. GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER	4. DATE OF BIRTH <i>MONTH</i>	<i>DAY</i>	<i>YEAR</i>
---	-------------------------------	------------	-------------

5. PHONE NUMBER HOME CELL WORK OTHER: EMAIL

6. CURRENT MARITAL STATUS
 MARRIED WIDOWED DIVORCED SEPARATED NEVER MARRIED

7. ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN? YES NO

8. WHICH CATEGORY DESCRIBES YOU?
 WHITE AMERICAN INDIAN, ALASKA NATIVE, OR CENTRAL OR SOUTH AMERICAN INDIAN ASIAN BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER SOME OTHER RACE OR ORIGIN

LIVING ARRANGEMENTS

9. WHERE DO YOU SLEEP MOST NIGHTS THIS MONTH?
 IN HOUSING YOU OWN IN AN EMERGENCY SHELTER, SAFE HAVEN, OR TRANSITIONAL HOUSING PROJECT
 IN HOUSING YOU RENT IN A PLACE NOT MEANT FOR HUMAN HABITATION, INCLUDING IN A CAR, PARK, BUS OR TRAIN STATION, OR CAMPING GROUND
 IN PERMANENT HOUSING YOU SHARE WITH OTHERS BUT DO NOT OWN/RENT IN AN INSTITUTION INCLUDING HOSPITAL, JAIL, PRISON, JUVENILE DETENTION FACILITY, LONG-TERM CARE FACILITY, OR NURSING HOME
 IN TEMPORARY HOUSING YOU SHARE WITH OTHERS

10. WHAT IS THE ZIP CODE OF THE PLACE YOU SLEEP MOST NIGHTS THIS MONTH? _____ ZIP CODE

11. DO YOU CURRENTLY LIVE WITH YOUR PARTNER? <input type="checkbox"/> YES, MALE PARTNER <input type="checkbox"/> YES, FEMALE PARTNER <input type="checkbox"/> NO	12. NOT INCLUDING YOURSELF AND YOUR PARTNER, HOW MANY TOTAL ADULTS CURRENTLY LIVE WITH YOU? _____ NUMBER
---	--

13. HOW MANY CHILDREN 5 YEARS OLD OR YOUNGER, INCLUDING INFANTS, CURRENTLY LIVE WITH YOU? _____ NUMBER	14. HOW MANY CHILDREN AGES 6 TO 17 YEARS OLD CURRENTLY LIVE WITH YOU? _____ NUMBER
--	--

15. DO YOU CURRENTLY LIVE WITH YOUR ____? CHECK ALL BOXES THAT APPLY. "STEP/SOCIAL CHILDREN" INCLUDE STEPCHILDREN THAT YOU ADOPTED AND CHILDREN OF YOUR DOMESTIC PARTNER.
 BIOLOGICAL CHILDREN STEP/SOCIAL CHILDREN ADOPTIVE CHILDREN GRAND CHILDREN FOSTER CHILDREN

16. WHAT IS THE NAME AND DATE OF BIRTH OF YOUR CHILD/CHILDREN AGE/S 0-5?

EDUCATION AND ECONOMIC WELL-BEING

17. WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU HAVE COMPLETED?
 GRADES 0-8 HIGH SCHOOL GRADUATE, GED, OR EQUIVALENT 2-YEAR COLLEGE DEGREE (AA, AS)
 GRADES 9-12 NON-GRADUATE SOME COLLEGE, BUT DEGREE NOT RECEIVED OR IS IN PROGRESS 4-YEAR COLLEGE DEGREE (BA, BS, AB)
 GRADUATE DEGREE (MASTER'S, PROFESSIONAL, DOCTORATE)

18. WHAT IS YOUR CURRENT EMPLOYMENT STATUS?
 EMPLOYED FULL-TIME, 30 HOURS PER WEEK OR MORE UNEMPLOYED, 6 MONTHS OR LESS
 EMPLOYED PART-TIME, LESS THAN 30 HOURS PER WEEK UNEMPLOYED, MORE THAN 6 MONTHS
 NOT IN THE LABOR FORCE. CHECK THIS BOX IF YOU ARE NEITHER WORKING NOR SEEKING WORK BECAUSE YOU ARE A STUDENT, RETIRED, TAKING CARE OF CHILDREN OR FAMILY MEMBERS, OR BECAUSE OF OTHER REASONS.

19. DO YOU HAVE A DISABILITY THAT PREVENTS YOU FROM WORKING OR LIMITS THE KINDS OF WORK YOU CAN DO? YES NO

20. WHAT WAS YOUR TOTAL FAMILY INCOME BEFORE TAXES IN THE PAST CALENDAR YEAR? _____ NUMBER

21. WERE THE FOLLOWING STATEMENTS OFTEN, SOMETIMES, OR NEVER TRUE FOR YOU IN THE LAST 12 MONTHS?

a. "WE WORRIED WHETHER OUR FOOD WOULD RUN OUT BEFORE WE GOT MONEY TO BUY MORE." OFTEN TRUE SOMETIMES TRUE NEVER TRUE

b. "THE FOOD WE BOUGHT JUST DIDN'T LAST AND WE DIDN'T HAVE MONEY TO GET MORE." OFTEN TRUE SOMETIMES TRUE NEVER TRUE

PROGRAM PARTICIPATION

22. ARE YOU OR ANYONE IN YOUR FAMILY CURRENTLY RECEIVING ANY OF THE FOLLOWING INCOMES AND BENEFITS? CHECK ALL BOXES THAT APPLY.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> CALWORKS | <input type="checkbox"/> SOCIAL SECURITY DISABILITY INSURANCE (SSDI) | <input type="checkbox"/> MEDICARE | <input type="checkbox"/> HEAD START OR EARLY HEAD START |
| <input type="checkbox"/> CALFRESH | <input type="checkbox"/> SOCIAL SECURITY | <input type="checkbox"/> MEDI-CAL | <input type="checkbox"/> FREE AND REDUCED-PRICE LUNCH/BREAKFAST |
| <input type="checkbox"/> WOMEN, INFANTS, AND CHILDREN (WIC) | <input type="checkbox"/> UNEMPLOYMENT INSURANCE | <input type="checkbox"/> THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) | <input type="checkbox"/> RECEIVED THE FEDERAL OR STATE EARNED INCOME TAX CREDIT (EITC) FROM YOUR MOST RECENT TAX RETURN |
| <input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME (SSI) | <input type="checkbox"/> RECEIVING HOUSING BENEFITS OR LIVING IN PUBLIC HOUSING | <input type="checkbox"/> CHILD CARE SUBSIDIES THAT ARE NOT PART OF CALWORKS | <input type="checkbox"/> CHILD SUPPORT |

23. WHICH OF THE FOLLOWING SERVICES WOULD YOU BE INTERESTED IN RECEIVING? CHECK ALL BOXES THAT APPLY.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> PARENTING | <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> DISABILITY SERVICES | <input type="checkbox"/> PARTNER RELATIONSHIP |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> HOUSING | <input type="checkbox"/> HEALTH CARE | <input type="checkbox"/> DOMESTIC VIOLENCE |
| <input type="checkbox"/> PATERNITY ESTABLISHMENT | <input type="checkbox"/> FOOD AND NUTRITION | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> HELP WITH OBTAINING INCOMES/BENEFITS LISTED IN #18; PLEASE INDICATE WHICH PROGRAM: |
| <input type="checkbox"/> FINANCIAL EDUCATION | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> SUBSTANCE TREATMENT | |

24. ARE YOU OR ANYONE IN YOUR FAMILY CURRENTLY INVOLVED IN THE CHILD WELFARE SYSTEM?

YES NO

BANKING & MORE

25a. DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT? YES NO

b. IF NO, WHAT IS THE REASON (select all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> HOURS ARE INCONVENIENT | <input type="checkbox"/> LOCATIONS ARE INCONVENIENT | <input type="checkbox"/> DO NOT OFFER NEEDED PRODUCTS OR SERVICES | <input type="checkbox"/> NOT ENOUGH FUNDS TO MAKE BALANCE |
| <input type="checkbox"/> PERSONAL ID, CREDIT, OR FORMER BANK ISSUES | <input type="checkbox"/> FEES ARE UNPREDICTABLE | <input type="checkbox"/> FEES ARE TOO HIGH | <input type="checkbox"/> DON'T TRUST THEM |

26. DOES SOMEONE IN YOUR FAMILY HAVE A CHECKING OR SAVINGS ACCOUNT? YES NO

27. ARE YOU INTERESTED IN OBTAINING MORE INFORMATION ABOUT HOW TO GET A CHECKING OR SAVINGS ACCOUNT? YES NO

<i>Office Use Only</i>	
Name of Staff: _____	Completed Forms:
Name of site/school: _____	<input type="checkbox"/> My Money Picture Assessment
<input type="checkbox"/> Individual	<input type="checkbox"/> Intake
<input type="checkbox"/> Group Session	<input type="checkbox"/> FBMS - Pre
	<input type="checkbox"/> SMART Goal
	<input type="checkbox"/> FBMS – Post
	<i>Date to be completed:</i>