

Making Opportunity Count, Inc.
Client Intake Form



Date: _____

Applicant/Head of Household Information

Last Name: _____

First Name: _____

MI: _____

Date of Birth: _____

Gender: Male Female Transgender M->F
 Transgender F->M Non-Binary Other

Education Level: 0 to 8th grade 9-12th grade/non-graduate High School Graduate GED
 12 + some College Associate's Degree Bachelor's Degree Graduate studies/Degrees

Employment Status: Full Time Part Time Unemployed – 6months or less
 Unemployed – more than 6months Unemployed – not in the labor force
 Migrant/Seasonal Farmworker Retired

Military Status: Veteran Active Military Now Never Served in the Military

Health insurance? Yes No

If yes, what type: Medicaid Medicare Military Health Care
 State Children's Health Ins. Program (CHIP) State Health Insurance for Adults
 Direct Purchase/Private Health Insurance - **List Provider if box checked:** _____
 Employment Based - **List Provider if box checked:** _____

Ethnicity: Hispanic, Latino(a) Non-Hispanic, Latino(a)

Race: White Asian Black or African American American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander Other Multi-racial/Biracial

Receive Benefits: No Yes (if yes check all that apply)

Non-Cash: Affordable Care Act Subsidy Childcare Voucher Housing Choice Voucher HUD-VASH
 LIHEAP Permanent Supportive Housing Public Housing SNAP WIC Other

Cash: Unemployment Social Security Pension SSDI SSI TANF EITC Child Support
 VA Service-Connected Disability Compensation VA Non-Service Connected Disability Pension
 Private Disability Ins. Workers' Comp Alimony/Spousal Support other

Characteristics: Disabled Disconnected Youth (Youth between 12-24 who are neither working nor in school)

Family Type: Single Person/Lives Alone Two Parent Household Single Parent/Female
 Single Parent/Male Two Adults/No Children Other
 Non-related Adults with Children Multigenerational Household

Income: Total Household Income: _____ Number of Household Members: _____

Percent Poverty Level: _____

For Poverty Guidelines, please visit: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>



Making Opportunity Count, Inc. Client Consent to Share Information Form

This form is a Client Consent to Share Information between you and your family and Making Opportunity Count, Inc. Because information about you and your family is personal and private, it generally cannot be disclosed without your written consent. This form is intended to inform you about how your personal information will be disclosed by Making Opportunity Count, Inc. Your personal information will only be disclosed in accordance with this consent form and as required or allowed by law. Please review it carefully before signing.

Signing this form gives Making Opportunity Count, Inc. staff permission to share your personal information within Making Opportunity Count and to report your personal information to the entities that fund, audit, or evaluate Making Opportunity Count's programs as may be required. If there is a need for staff to disclose information about you or your family to other community organizations or service providers, you will be asked to sign a separate consent form at that time.

"Personal information," as used in this consent form, means any information concerning myself and/or my family which, because of name, identifying number, mark or description can be readily associated with me and/or my family, including:

- Biographic and Demographic Information (Name, Date of Birth, Social Security Number, Gender, Marital Status, Race, Ethnicity, Language, Education Level, Work Status, Household Type and Size, Housing Type, Disability Status, Military Status, Health Status, Health Provider and Health Insurance Information, Income and Benefit Information)
- Program Participation and Eligibility Information (Program Enrollment(s), Attendance and Service Records, Staff-Client Contact Logs)
- Information about Making Opportunity Count, Inc. staff's work and interactions with you and your family (Case Notes; Meeting Minutes; Individualized Service/Treatment/Education Plans; Assessment, Evaluation and Diagnostic Information)

What is the purpose of collecting my personal information and how will it be used?

Your personal information, as defined above, is used primarily to:

- determine eligibility for programs;
- provide a better and more comprehensive service experience to you and your family at Making Opportunity Count, Inc.;
- coordinate and manage services between programs within Making Opportunity Count, Inc.
 - For the WIC program, the chief State health officer may authorize the use and disclosure of information about your participation in the WIC program for non-WIC purposes. This information will be used by Making Opportunity Count, Inc., only in the administration of its programs that serve persons eligible for the WIC program; and
- to report to funders, auditors, monitors, and evaluators.

Your personal information may also be used for data analysis purposes. Analysis of client-level data enables the staff and Board of Directors at Making Opportunity Count, Inc. to better understand our clients, their strengths and needs, and the impact of our services on their lives. This deeper understanding allows Making Opportunity Count, Inc. staff and Board of Directors to make better decisions about where gaps in services exist, how to provide services to individual clients as well as to the community as a whole, and to better allocate resources across programs.

