

Montachusett Opportunity Council, Inc.
Client Intake Form



Date: _____

Applicant/Head of Household Information

Last Name: _____ **First Name:** _____ **MI:** _____

Former Last Name: _____ **Gender:** Male Female Transgender M->F

Date of Birth: _____ Transgender F->M Anonymous Other

Citizenship Status: US Citizen No/Undeclared

Marital Status: Single Married & Living with Spouse Separated Divorced

Widowed Unmarried Partner Civil Union Married, not living with spouse Other

Children: Yes, all live with me Yes, some live with me Yes, none live with me No children

Primary Language: English Spanish Other (indicate here) _____

Secondary Language: English Spanish Other (indicate here) _____

Fluent in English: Proficient/Yes Not Proficient/No

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 – 6 months or less

Unemployed – 6 months or more Unemployed – not in the labor force

Seasonal Farmworker Retired

Military Status: Veteran Active Military Now No Military Status

Relationship to Head of House (if Head of House – answer Self):

Have SSN? Yes No If no, Reason: SSN not available SSN not required SSN pending

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

Home Address: _____

City/State/Zip: _____

Mailing Address: (if different from above) _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email Address: _____ **Can we text you?** Yes No

Preferred Contact Method: Text Email Cell Home phone Work phone Mail

How did you hear about MOC (referred from where)?:

Reason for your visit:

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

Affordable Care Act Subsidy Childcare Voucher Housing Choice Voucher HUD-VASH

Fuel Assistance/LIHEAP Permanent Supportive Housing Public Housing

SNAP Social Security SSDI SSI State Supplement TANF

Veterans' Benefits WIC Other

Characteristics: Able to Work Student Veteran Hearing Impaired Pregnant

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

INCOME:

Income Type	Frequency	Amount	Verification

ASSETS: (examples: Real Estate, Money Market Account, Trust Fund, etc.)

Asset Type	Amount/Value

Household Information - PLEASE NOTE: IF FILLING OUT FOR A 2ND OR 3RD, ETC FAMILY MEMBER – STOP HERE

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

HOUSING/LIVING ARRANGEMENTS

Housing Type: No housing Non-subsidized Housing shelter
 Other Subsidized Housing Double Up Housing

Dwelling Type: Single Family Two Family 3-5 Units 6+ Units Mobile Home
 Condo Emergency Shelter In-Law Apt. Townhouse
 Not Meant for Human Habitation Other

Heating Type: Electric Fuel Oil Natural Gas Kerosene Propane
 Wood/Coal Other None

Is heat included in the Rent Yes No

HOUSEHOLD EXPENSES:		
Expense Type	Frequency	Amount



Customer Consent Form*

Because information about you and your family is personal and private, it generally cannot be disclosed without your written consent. The 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 read it carefully before signing it.

Signing this form gives Making Opportunity Count, Inc. staff permission to share your personal information within Making Opportunity Count, Inc. and to report your personal information to the entities that fund, audit, or evaluate Making Opportunity Count, Inc.'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 an individual which, because of name, identifying number, mark or description can be readily associated with a particular individual.

Examples of personal information that may be disclosed by Making Opportunity Count, Inc. include:

- Biographic Information (e.g. Name, Date of Birth, Social Security Number)
- Demographic Information (e.g. Race, Ethnicity, Language)
- Program Participation and Eligibility Information
- Information about Making Opportunity Count, Inc. Staff's work and interactions with you and your family (e.g., caseworker notes or meeting minutes)

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

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

- Determine your eligibility for programs
- Provide better services to you and your family
- Coordinate and manage services between programs at Making Opportunity Count, Inc.
- Report to funders, auditors, monitors, evaluators, etc.

Do I have to sign this consent form?

You do not have to sign this authorization form.

If you do not, your process for accessing services may be different than it would be if you signed this form.

If I sign, can I revoke it or withdraw my consent later?

You are free to withdraw your authorization regarding the use and disclosure of your information (and to stop participation in any program) at any time.

After you withdraw your consent, no additional information about your family will be shared, except to the extent that the law allows us to continue using your information. If you wish to revoke your authorization to collect and use your personal information, you must request this in writing to request@mocinc.org.

By signing below, I indicate that I understand that Making Opportunity Count, Inc. will maintain the confidentiality of personal and financial information I provide about myself and my family members receiving services from Making Opportunity Count, Inc., except that Making Opportunity Count, Inc. may share that information within Making Opportunity Count, Inc. as necessary to provide services to me and to administer its programs and may disclose information as required by or upon request of government agencies and other entities that fund, regulate, audit, monitor or investigate Making Opportunity Count, Inc., and as authorized or required by law, legal process, or court order. For any other purpose, Making Opportunity Count, Inc. will only disclose information with my written consent.

Information that was collected by Making Opportunity Count, Inc. up to 1 year prior to the date of my signing this form and throughout my participation in Making Opportunity Count, Inc. programs is included in my authorization. I hereby certify that the information presented to Making Opportunity Count, Inc. staff is true and accurate to the best of my knowledge.

I understand that providing false representation may constitute an act of fraud. Further, misleading or incomplete information may result in denial or termination of services.

Client Signature

Client Name (printed)

Date