

Portage Community Center 2024-25 Client Intake

PRIMARY APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name: (First) _____ (Middle Initial) _____ (Last) _____

Address: (Street) _____ (City) _____ (State) _____ (Zip code) _____

Primary Phone: (_____) _____ - _____ Message phone: (_____) _____ - _____

Email: _____ @ _____ Preferred contact method: Phone | Email

HOUSEHOLD (Please Print Clearly)

Household Member Name (first & last)	Gender	Age	Date of Birth	Place of Employment or School Attending	Disabled	Veteran
(Self)						

How were you referred to the Portage Community Center? _____

Are you a single parent of a child(ren) 17 and under? YES ___ NO ___; If yes, what is your gender? MALE ___ FEMALE ___

EDUCATION

Please indicate the highest level of education in the household

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Less than 12 th grade | <input type="checkbox"/> GED | <input type="checkbox"/> College Degree |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Some college | <input type="checkbox"/> Masters/Doctoral Degree |

DEMOGRAPHICS

In order to receive federal funding we must ask demographic information including your racial and ethnicity identity for statistical reporting. Please indicate below the **total number of persons for each** demographic category.

- | | | |
|---|------------------------|---------------------------------------|
| ___ White | ___ Hispanic and White | ___ American Indian/Alaskan Native |
| ___ Black or African American | ___ Hispanic and Black | ___ Native Hawaiian/ Pacific Islander |
| ___ Black or African American and White | ___ Hispanic and Asian | ___ Unlisted: _____ |
| ___ Asian | | |

INCOME

To receive assistance you must have a valid picture ID for the head of the household, and the following proof of current monthly income or no income for EVERYONE in the home 21 years of age and over. Check all that apply.

- | | | |
|--------------------------------|-------------------------------------|-----------------------------------|
| ___ I am currently unemployed | ___ Retirement funds/pension | ___ Alimony |
| ___ Self-employed | ___ Social Security | ___ Adoption assistance payments |
| ___ Employed Part or Full time | ___ SSI | ___ Insurance payments |
| ___ Income from tips | ___ DHHS Food assistance program | ___ Trust, annuity or inheritance |
| ___ Unemployment benefits | ___ Cash Assistance (FIP, SDA, RAP) | ___ Other Income: |
| ___ Workers compensation | ___ Child support payments | (specify) _____ |

REQUESTED SERVICES

I am requesting assistance with (check all that applies):

*** Please note there are varying residency restrictions for differing programs ***

- Food
- Clothing
- Personal care items
- Holiday Assistance
- Senior Commodities

- Emergency Financial Assistance (**Portage City Only**)

Check all that apply below:

- Utility: Water or Electric
- Evictions
- Bus Tokens

- Other (please specify below):
-

This application **will not be processed** without all required proofs and signature.

All proofs on file are valid only for the current fiscal year (July 1st – June 30th) before renewal is necessary. Please report any changes to household size or income within a current fiscal year at the time of the next visit. *Failure to report changes may be grounds for denial of service.* Please note that the listed household for this application will be consistent for all programs at Portage Community Center, including hosted, partnered and independent programming. **Discrepancies may be reported to necessary agencies.**
Thank you.

AUTHORIZATION TO RECEIVE AND RELEASE CLIENT INFORMATION AND DECLARATION STATEMENT

I, (print name) _____ hereby give authorization to the Portage Community Center (PCC), its staff, student interns and volunteers to verify the information provided with any organization or agency I am currently working with in order to resolve my emergency. In addition, I authorize the release of information about my case to partnering agencies and organizations that may wish to verify information about my case in order to make appropriate service referrals and to coordinate service planning.

This consent to receive and release information will remain active for the remainder of the current fiscal year (July 1st – June 30th) unless I revoke this release in writing. I understand that revoking my consent may affect my ability to receive services from the Portage Community Center and other partnering agencies.

I certify that all information I have provided is current and true. I understand that falsifying any information is grounds for termination of my relationship with the Portage Community Center.

Signature: _____

Date: _____