

**CATHOLIC CHARITIES OF LOS ANGELES**

Guadalupe Community Center/Loaves & Fishes

**APPLICATION FOR SERVICE/ INTAKE ASSESSMENT**

**Name of staff who conducted Intake:** \_\_\_\_\_

**Intake Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Gender:**  Male  Female

**Address:** \_\_\_\_\_ **Apt.#:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Other Phone** ( ) \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Language :**  Spanish  English  Bilingual Spanish & English  Other Language \_\_\_\_\_

**Age:** \_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Race/Ethnicity:**  Hispanic or Latino  Black or African American  White  Asian/Pacific Islander  
 Native American  Other \_\_\_\_\_

**Are you the Head of Household?** Yes  No  If no, who is? \_\_\_\_\_

**Monthly Household Income:** \$ \_\_\_\_\_ **Total Number of Household Members:** \_\_\_\_\_

**Sources of Household Income:**

<input type="checkbox"/> Employment	\$ _____	<input type="checkbox"/> Social Security	\$ _____
<input type="checkbox"/> Self-Employment	\$ _____	<input type="checkbox"/> Unemployment	\$ _____
<input type="checkbox"/> Alimony/Spousal support	\$ _____	<input type="checkbox"/> Retirement/Pension	\$ _____
<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> Disability Insurance	\$ _____
<input type="checkbox"/> General Relief	\$ _____	<input type="checkbox"/> Foster Care	\$ _____
<input type="checkbox"/> Food Stamps	\$ _____	<input type="checkbox"/> Veteran's benefits	\$ _____
<input type="checkbox"/> SSI/SSDI Income	\$ _____	<input type="checkbox"/> Worker's compensation	\$ _____
<input type="checkbox"/> TANF/CalWORKs	\$ _____	<input type="checkbox"/> Other Source _____	\$ _____

**How often are you paid?**  Daily  Weekly  Biweekly  Monthly

**Employment:**  Full Time  Part Time  Day Laborer  Seasonal Work  Job Training  
 Homemaker  Retired  Unemployed

**Housing Status:** (Check one or more)

Apartment/Room  House  Hotel/Motel  Trailer  Car  Emergency Shelter  Transitional Shelter  Living with friends/relatives  Homeless (If so, how long? \_\_\_\_\_)  Other \_\_\_\_\_

Family/Household Information: (Family/Household members living with you)

First & Last Name	M/F	Relationship to Applicant	Birth Date	Age	Place of Birth (Country or State)

Family/Household Type:  Single Parent-Female  Single Parent-Male  Two Parent Household  Single Parent  
 Two Adults Only  Other/Multi-Generational

**2020 CORONAVIRUS PANDEMIC:**  
**(MUST FILL OUT)**

➤ (Check one or more of the following options)

- Employment loss due to business closure to reduce the spread of coronavirus.
- Decline in income due to quarantine orders from a local public health department or health care provider and/or positive test results for the coronavirus.
- Reduction in employment due to caring for an individual subject to a quarantine order or positive coronavirus test results.
- Disrupted work schedules to care for a child whose school or place of care is closed as a result of the coronavirus pandemic.
- Other reason: provide brief explanation. \_\_\_\_\_
- Not affected at all by coronavirus pandemic.

**I understand that this eligibility certification form is a legal document and certify that the information is true to the best of my knowledge. I acknowledge that this information is subject to verification and that providing false information shall be grounds for termination of services.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date