Weatherization Assistance Program

LIFT CAA, Inc.
Attn: WX Department
500 East Rosewood
Hugo, OK 74743
Phone 580-326-5165
dawn.mckee@liftca.org

Packet Should Include:

- Must be completed in BLACK OR BLUE INK
- All signatures must be witnessed
- Applicant/Household Member: Pay Stubs-Showing 30 days of pay
- Non-Working applicants/Household members: Verifications from the agency sending your monthly income such as: Social Security, DHS, VA, Retirement, and/or Pensions
- Copy of Recent Income Tax Return if self employed
- Copy of Warranty Deed to Property (to document ownership)
- Copy of the past 12 months utility bills (PSO or Choctaw Electric, etc. and ONG)
- If Rental, complete "Agreement form" in application
- If Disabled must provide copy of Disability letter
- Copy of ID and Social Security Card for each household member
- LIHEAP Award Letter from DHS (if applicable)

The COMPLETED packet must be returned with the items above to determine eligibility and be placed on the waiting list.

Weatherization Assistance Program

LIFT CAA, Inc.
Attn: WX Department
500 East Rosewood
Hugo, OK 74743
Phone 580-326-5165
Fax 580-326-0556
Dawn.mckee@liftca.org

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The COMPLETED packet must be returned with the items above to determine eligibility and be placed on the waiting list.

Application for Weatherization Services

(We may not be able to contact you if information below changes. If there are **ANY changes to the household**, please notify this agency as soon as possible.)

in Household: _____ Todays Date: _____

Head of Household (Applicant): _____ (Last) _____ (First) _____ (Middle)

Physical Address _____ (Street) (CITY) (COUNTY) (Zip)

Mailing Address _____ (Street) (CITY) (COUNTY) (Zip)

PRIMARY PHONE: _____ **2ND OR MSG PHONE:** _____

Do you own or are you buying your home? Yes ☐ No ☐

Does anyone in the household receive **foodstamps**? Yes ☐ No ☐ Name/Amount: _____

Does anyone in the household receive **WIC**? Yes ☐ No ☐ Name: _____

Has anyone in the household been determined **legally disabled**? Yes ☐ No ☐ Name: _____

Is anyone in the household a **Veteran**? Yes ☐ No ☐ Name: _____

Are you the custodial or legal Guardian of minor children in household? Yes ☐ No ☐ Child Name(s): _____

Has **Child Support** been ordered by the court? Yes ☐ No ☐ If Yes, Do you receive Child Support? Yes ☐ No ☐

NAME (Start with Applicant first)	Date of Birth	Social Security Number	Relation to Applicant	Ethnicity	Race	Education	Gender	Marital Status	Health Ins?
(Please choose the correct response from the available choices for each family member)		☐ SS# Not Available If you cannot provide a SS#, You MUST provide Legal Proof of Residency	Spouse Child Grandchild Parent Non Related	Hispanic Non-Hisp.	White Black Am Indian Asian Bi-Racial	0-8 grade 8+Non-grad HS Grad GED 2-4 yr col	Male Female	Child Single Married Separated Divorced	None Medicaid Medicare Employer Other

EMPLOYMENT Supervisor: _____ Phone Number: _____

FAMILY MEMBER	COMPANY NAME / Location	DATE HIRED	HRS WEEKLY	HOURLY WAGE	HOW OFTEN PAID	GROSS AMOUNT	LAST 30 DAYS

OTHER SOURCES OF INCOME IN LAST 30 DAYS

Family Member Name	TYPE OF INCOME	Amount	Family Member Name	TYPE OF INCOME	Amount
	S.S. Retirement			S.S. Retirement	
	SSDI Disablity			SSDI Disablity	
	SSI			SSI	
	Pension			Unemployment	
	Child Support			ZERO INCOME	$0.00

Weatherization Services:

Have you ever previously received Weatherization Services from ANY agency? ☐ YES ☐ NO

If yes, what agency? _____ When? _____

1. Ownership:

Specify Name on Deed (please specify also if "unknown"): _____

House: _____ Mobile Home: _____ Year Built _____ Year Built Verified: _____

Documentation Type Used to Verify Year Built *(Answered by Weatheriztion Staff)*: _____

Is the name on the deed followed by Et Al ? ☐ YES ☐ NO

If yes, please have the name of the person listed on the deed provide assurances of the following:

I am an owner of this property. I have been given authority by the other record owners to enter into this agreement for Weatherization services.

Signature of Property Owner _____ Date _____

2. Heating / Cooling Information:

Name of Utility Provider(s) attach a copy of Utility bill(s): XX

Have you received assistance from the Oklahoma DHS LIHEAP Program? ☐ YES ☐ NO

Do you pay for the heating & cooling in your home? ☐ YES ☐ NO

Heating Fuel Type: Electric _____ Nat. Gas _____ Propane _____ Wood _____

Heating System Type: Central _____ Wall _____ Floor _____ Space Heater _____ No Working Heat Unit X

If no working heating, what is wrong with the heating unit? _____

Is your heating system vented to the outside of the home? ☐ YES ☐ NO

Cooling System Type: Central Unit _____ Window Unit _____ No Working Cooling Units _____

If no working cooling, what is wrong with the cooling unit? _____

3. Housing Details & Condition:

Exterior Type: Wood _____ Metal _____ Stucco _____ Brick / Concrete / Stone _____ Other Exterior Type: _____

# of Windows _____ # Broken / Cracked Windows _____

# of Doors _____ Door(s) needed: ☐ Replaced ☐ Repaired ☐ Weatherstripped ☐ Door Sweeps ☐ Thresholds

Is Attic / Ceiling insulated? _____ YES _____ NO Can it be insulated? ☐ YES ☐ NO

If no, please explain: _____

Are your Walls insulated? _____ YES _____ NO Can they be insulated? ☐ YES ☐ NO

If no, please explain: _____

Foundation Type: _____ Slab / Solid _____ Crawl Space _____ Other

Is Foundation Damaged? YES ☐ NO ☐ If yes, Describe Damage:

Is there anyone in your household who is (1) disabled as defined by Section 7(6) of the Rehabilitation Act of 1973:(2) who is under a disability as defined in Section 1614(1)(3)(a) or 223(d)(1) of the Social Security Act or in Section 102(7) of the Developmental Disabilities Services and Facilities Construction act; or (3) who is receiving benefits under Chapter 11 or 15 of the Title 3B, U.S. Code?

☐ Yes ☐ No

I understand this Agency may need to share this inforation with other agencies and/or organizations to best serve my needs. This agency, and their representatives, have my consent and permission to share this information with other agencies and/or organizations. I have read and understand this agreement. I voluntarily sign my consent. I understand I have the right to appeal any decision I do not agree with. I understand that a copy of the policy is available to me upon request.

Application for Weatherization Services

Hold Harmless Clause - To be Completed by Applicant & Witness

I shall indemnify and save harmless the State of Oklahoma, the agency, its officers, agents, servants, employees and designees from all liability for death or injury to any person resulting from the weatherization of my property.

NOTE: You are hereby informed that you have the right of appeal the decision made on this application, and you have the right to an expeditious review of your appeal. Should you want to appeal, please contact the Agency Director, who will furnish you with a copy of the Appeals Procedure established under the guidelines of title 74 of the Oklahoma Statutes (1982) Secion 1533.2 & 5023(1991).

This Agency will not discriminate against any applicant on the basis of race, color, religion, sex, national origin, handicap, age, familial status, or any other non-merit factor, as pursuant to the Fair Housing Act, Civil Rights Act and any other regulatory acts or executive orders.

Release of Personal Income Information - To be Completed by Applicant & Witness

In order to determine my eligiblity for the program(s) my family is applying for assistance with, I certify that the income information given is true and correct. Further, I hereby grant permission to the Oklahoma Department Of Commerce (ODOC) or its designee to have access to my financial records in my possession of any other enitity prior to the starting dates of the work to be done. I waive my rights to privacy or confidentiality.

Release of Energy Consumption Information - To be Completed by Applicant & Witness

I hereby grant permission to this Agency and their representatives to inspect utility and billing records at the home of

Client Name _____

Physical Address _____
Street CITY COUNTY Zip

The purpose is to obtain data needed to evaluate the effects of weatherization and energy conservation education upon energy consumption.

Certification By Applicant(s) - To be Completed by Applicant & Witness

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining **either** a Rehabilitation Loan **or a Weatherization** Program Grant and is true and complete to the best of the applicant's knowledge and belief.

The applicant further certifiesthat the residence described in this application is his/her principal place of residence. Applicant states that he/she understands that the Rehabilitation Loan **or the Weatherization Program** Grant **funds** will be used only for the work and materials necessary to meet all standards set forth by program policy, which are prescribed for the property described in this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000.00 or imprisoned not more than five years, or both".

Applicant Signature _____ **Date** _____

Witness Signature _____ **Date** _____

Income Certification (To be Completed by Agency Staff only):

Source of Documentation: _____

Comments: _____

Verified by: _____ Date: _____
Staff Signature

Radon Consent

Weatherization achieves energy and cost savings and improved comfort, health and safety of homes through a variety of home retrofit measures, including some which improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, "Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program," there is a very slight risk of increased radon levels in some homes when the building air tightness levels are improved. These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site built homes in high-radon-potential counties. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

Zones 1 and 2 Only:

Precautionary Measures: Since your house is located in a county identified as having moderate- to high-potential-radon levels (1), precautionary measures indicated below will be installed as part of weatherization:

- ☐ Exposed dirt floors covered and sealed
- ☐ Floor/foundation penetrations sealed
- ☐ Other (Describe): _____

I am aware that there is a small chance that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases. I have chosen to go forward with weatherization, and accept all risks of injury or damages.

I have carefully read this informed consent form and have signed it of my own free will.

Applicant Signature _____ **Date** _____

(1) Defined as counties with predicted indoor radon screening levels at or above 2 pico Curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact-

Carbon Monoxide Testing Permission

by the Weatherization Program

☐ **Yes**

I hereby grant permission to the Agency representing the Weatherization Assistance Program to inspect my house for possible carbon monoxide problems. I understand that if a problem is discovered, this Agency can/or will contact the local gas utility, and it could result in my gas being shut off until the problem is corrected. I also understand that this Agency is under no obligation to make these repairs for me.

Applicant Signature _____ **Date** _____

☐ **No**

I refuse to let the Agency representing the Weatherization Assistance Program check for possible carbon monoxide problems within my home. I understand that by refusing to give my permission for this testing, this Agency cannot satisfy its program requirements as set by the Oklahoma Department of Commerce, and that my application will no longer be considered for weatherization services.

Applicant Signature _____ **Date** _____

Application for Weatherization Services

INDOOR AIR QUALITY AND SAFETY CHECKLIST

YES	NO	
		1. Has your furnace filter been cleaned or replaced in the past six months?
		2. Have you had your home tested for radon?
		3. Do you have mold or mildew problems during the winter?
		4. Do your bathrooms have working exhaust fans and are they used?
		5. Do you have and use your kitchen exhaust fan (not recirculation type) when using the the stove or oven? When was the last time the grease filter was cleaned?_____
		6. Is your clothes dryer vented indoors? Do you dry damp clothes indoors?
		7. Is the basement or crawlspace below your home frequently damp or wet?
		8. Are the following items typically stored inside your home?

- ☐ Paints, solvents, grease, oil, etc.
- ☐ Pesticides, herbicides, bug bombs, etc.
- ☐ Gasoline cans, gasoline lawn mowers, chain saws, etc.
- ☐ Kerosene or kerosene space heaters

		9. Do you use a wood stove, fireplace or unvented space heaters during the winter?
		10. Are the burner flames on your natural gas or propane cook stove, water heater or furnace yellowish rather than solid blue?
		11. Do you regularly use any of the following potentially toxic chemicals in your home?

- ☐ Strong cleaning products
- ☐ Pest killers, insect sprays, flea bombs, etc.
- ☐ Room Deodorizers

		12. Do any family members have indoor hobbies using glue, paint, varnish, etc.?
		13. Do you (or a neighbor) regularly warm up a car or truck very close to your house or inside an attached garage (even with the garage door open)?
		14. Does anyone smoke inside your home?
		15. Does a fine, white dust or powder regularly appear on the floor or furniture beneath textured ceilings or old pipe and duct insulation?
		16. Is anyone in your household experiencing any of the following symptoms?

- ☐ Chronic headaches
- ☐ Burning or watery eyes
- ☐ Breathing difficulties
- ☐ Chronic drowsiness
- ☐ Asthma or bronchitis
- ☐ Dizziness
- ☐ Repeated nausea

		17. Are the symptoms reported by more than one member of the household?
		18. Are the symptoms more severe in those who spend the most time indoors at home?
		19. Are the symptoms most severe in household members younger than 4 or older than 60?
		20. Do the symptoms become less severe when away from the house? Approx. how many hours away from the house seem to make a difference? _____
		21. Do the symptoms exhibit a seasonal pattern?
		22. Do you use a humidifier during the winter (free-standing or mounted)?
		23. Do you have any indoor pets?
		24. Do you live in a manufactured home or mobile home?
		25. Have any of the following things been added or done to your home recently?

- ☐ Newly constructed or extensive remodeling or painting in the past 3 years?
- ☐ New plywood or particle board paneling or subflooring?
- ☐ New carpets, draperies or upholstered furniture?
- ☐ New kitchen cabinets, teak or oak veneer or plastic laminate furniture?
- ☐ Extensive weatherization, including blown-in wall insulation?
- ☐ Changes in your gas or oil heating system (80% + efficiency furnace, new water heater or new chimney for furnace, water heater or wood stove)?

		26. Is the draft of your wood stove or fireplace weak, even after the first few minutes?
		27. Is there anything else in or about your home you may suspect may contribute to poor indoor air quality, excessive moisture or be a physical hazard to the occupants?
		28. Is there evidence of rodents or rodent droppings in your home, attic, crawlspace, heating ducts or other enclosed areas in or around your home?

Please explain:

Application for Weatherization Services

CONFLICT OF INTEREST

REQUIREMENT 111 CONFLICT OF INTEREST EFFECTIVE SEPTEMBER 1, 2014

Employees of this Community Action Agency are not eligible to receive Weatherization services from the Agency.

This conflict of interest provision applies to any person who is an employee, agent, consultant, officer, elected or appointed official or immediate relative of anyone employed at this Community Action Agency. For purposes of this policy, immediate family member is defined as follows:

Spouse	Grandparents	Father-in-law	Brother-in-law
Children	Grandchildren	Mother-in-law	Sister-in-law
Parents	Adopted family members	Daughter-in-law	
Brother / Sister	Step-family members	Son-in-law	

This includes Full-time, Part-time, Substitute, Temporary or Contract employees. Former employees are not eligible for ONE YEAR after they are no longer an employee.

EXCEPTIONS -

Upon the written request of the Contractor, ODOC may grant an exception on a case-by case basis when it determines the exception will serve to further the purposes of the ODOC programs and the effective and efficient administration of the Contractor's program or project. An exception may be considered only after the Contractor has provided an assurance that:

1. A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made.
2. An opinion of the Contractor's attorney that the interest for which the exception is sought would not violate State of local law.

Please SIGN and RETURN this document with your application.

I acknowledge that I am not an employee or conflict of interest official, and have not been employed by the agency for a period of at least ONE YEAR.

Applicant Signature **Date**

Weatherization Assistance Program

INTERNAL USE

CERTIFICATION OF ZERO INCOME

(To be completed by adult members only, if appropriate)

Household Name: _____

1. I hereby certify, I do not individually receive income from any of the following sources:

    a. Wages from employment (including commissions, tips, bonuses, fees, etc.)
    b. Income from operation of a business
    c. Rental income from real estate or personal property
    d. Interest or dividends from assets
    e. Social Security payments, annuities, insurance policies, retirement funds, pensions, death benefits, workers compensation, veteran's payments, training, stipends, military family allotments
    f. Unemployment or disability payments
    g. Public assistance payments
    h. Periodic allowances such as alimony, child support or gifts received from persons not living in my household
    i. Sales from self-employed resources (Avon, UBER, DoorDash, etc.)
    j. Income from any other source not named above

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

Under penalty of perjury, I certify the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes all acts of fraud. False, misleading, or incomplete information may result in the termination of the weatherization agreement.

Oklahoma Notary Acknowledgement

State of Oklahoma}
County of _____}

The forgoing instrument was acknowledged before me on _____[Date]

by _____[Name(s) of Person(s).

(Notary Seal)

_____
Signature of Notarial Officer

_____
Title

My commission expires: _____

WEATHERIZATION PROGRAM AGREEMENT FOR RENTAL UNITS

THIS AGREEMENT, MADE THIS _____ DAY OF _____ 20____, between

Property Owner *(Name on Deed)*: _____

Address: _____

City, Zip: _____

Phone: _____

hereinafter called the Owner, and the Community Action Agency (CAA) _____

hereinafter called the Contractor, for work to be completed on the structure located at:

Tenant *(Weatherization Applicant)*: _____

Address: _____

City, Zip: _____

Occupied by _____ hereinafter called the Tenant.

This Agreement is entered into by and between the above-named Owner, Tenant and the Contractor.

The Contractor has determined that the Tenant's residence is eligible for weatherization improvements (under 10 CFR 440). A residence is considered "completed" upon completion of the final inspection of the weatherized work by the Contractor.

The parties to this Agreement, for good and valuable consideration, agree that the weatherization improvements are subject to the following conditions:

1. The Contractor agrees to provide weatherization services/improvements to the residence of the Owner that is occupied by the current Tenant.
2. By entering into this Agreement, the Owner and his/her heirs or assigns agree not to raise the rent on the above-described property for a period of 36 months from the date of the completion of weatherization improvements.
3. The Owner also agrees that the Tenant will not be evicted, regardless of type of rental agreement without legal cause (non-payment of rent, etc.) for a period of 36 months from the date of the completion of weatherization improvements.
4. If this Agreement is not adhered to by the Owner and/or the rent is raised, the cost of the weatherization improvements shall be reimbursed by the Owner to the Contractor.
5. If the Tenant is leasing a low-income, federally subsidized residence, this Agreement shall supersede any and all rental contract agreements between the Owner and the other State and/or federal agency.
6. The parties to this Agreement agree that no undue or excessive enhancement shall be provided to the rental unit or building due to this weatherization assistance.
7. The Owner agrees to rent the premises at the current rate of $_____ per _____ for a minimum of 36 months from the date of completion of weatherization improvements.
8. The Owner and Tenant agree to release and hold harmless the State of Oklahoma, its agents, officers, and employees and the above-named CAA, its agents, officers and employees from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

This Agreement constitutes the full and complete agreement between the parties.

Owner	Date
Weatherization Coordinator/Director	Date
Tenant	Date

The original document stays with the Contractor, one copy to the Owner and one to the Tenant.

OCCUPANT AGREEMENT

The Weatherization Assistance Program shall be defined as an U.S. Department Of Energy funded program that increases the energy efficiency of dwellings owned or occupied by low-income persons. The programs serve to reduce the total residential energy expenditures, and improve the health and safety of the home.

I, _____, certify that I am the occupant of the property

located at _____
Street City Zip

in _____ County in the State of Oklahoma.

I further certify that I give my permission to **the Agency representing the Weatherization Assistance Program** and their subcontractors to perform any and all work related to the Weatherization Assistance Program activities at the property listed above.

I certify that there are no pre-existing medical conditions that will be exacerbated by the performance of weatherization activities. I also certify that the activities to be performed were fully described to me, including moisture and hazardous material problems, and I am fully aware of the measures to be installed, the labor involved to install those measures, and the anticipated results.

I release and hold harmless the State of Oklahoma, its agents, officers, employees, and **the Agency representing the Weatherization Assistance Program,** named above, from all liability for any weatherization-related damages, whatever the cause, to any real and/or personal property and/or to any person.

_____
Signature of Occupant

_____
Witness

Please provide driving directions to the home (if needed)

Additional comments and/or concerns

LIFT COMMUNITY ACTION AGENCY FAMILY PROFILE

Enrollment
EHS ELC HS
Center: _____

Agency Use Only
Captain ID: _____

SERVICE: _____ INTAKE WORKER: _____ DATE: _____

SSN# _____ FIRST, MI, & LAST NAME _____ DATE OF BIRTH ___/___/___

GENDER ☐ Male ☐ Female Marital Status: _____ EDUCATION : 0-8 9-12 HS Grad. GED 12+ years 2 yr. Degree 4 yr. Degree Other _____

RACE: (Circle One) White Non-Hispanic White-Hispanic African American American Indian Asian Bi-racial/Multiple Other Native Hawaiian/Pacific Islander

HEALTH INSURANCE? None Medicaid Medicare Military Employment Based Direct Purchase State Children's Health Ins. State Health Ins. For Adults Tribal

MILITARY: No Military Status Active Military Veteran FOOD STAMPS: Yes No DISABLED? Yes No CDIB: Yes No

WORK STATUS: Employed full-time Employed part-time Unemployed (less than 6 months) Unemployed (more than 6 months) Retired Not in labor force Seasonal Farmer

NON-CASH BENEFITS: WIC LIHEAP Section 8 Housing Public Housing Permanent Supportive Housing HUD-VASH
Childcare Subsidy Affordable Care Act Subsidy Tribal Commodities Food Stamps: $ _____

IF NO, WHAT IS THE REASON FOR NO NON-CASH BENEFITS: Not Eligible Not applied No need

DISCONNECTED YOUTH: In School/Not Working Not Working/Not in school Working/Not in school RESIDENT: American Citizen Documented Alien Undocumented

STREET _____ ZIP _____ CITY _____ COUNTY _____ STATE _____

HOUSING (Circle One): Own/Buy Rent Other Permanent Housing Homeless Other _____ PRIMARY LANGUAGE: English Spanish Other _____

FAMILY TYPE: Female – Single Parent Male – Single Parent Two Parent Household One Person Household Two Adults – No Children Other _____

PHONE _____ EMAIL _____

Income Abbreviations: **EITC** – Earned Income Tax Credit **VA** – Service Connected Disability **VAN** – Non-Service Connected Disability **SSDA** – Soc. Sec. Disability
P – Pension **W** – Wages **SS** - Social Security **SSI** - Supplemental Security Inc. **UE** – Unemployment **AL** – Alimony
T – TANF **WC** – Worker's Comp **PD** – Private Disability **CS** – Child Support

Please list each type of income separately and use abbreviations listed above.

Current Monthly Income:
$

EXAMPLE:
$ 500.00 – EMP
286.00 – TANF
150.00 – OTH

Verified by: W2
Check stubs
Tax return
Letter
Other

Please complete this side of the form for the additional members of your household

					Using the key below please answer the following							Answer (Y) Yes or (N) No			Using the key below please answer the following				Amount
SSN	First Name	Last Name	Date of Birth	Male (M) or Female (F)	Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Military Status N - No A- Active V - Veteran	Disabled	American Citizen	CDIB card	Work Status	Disconnected Youth	Non-Cash Benefits	Source of Income	Monthly Income ($)

Marital Status	Relation to	Ethnicity	Race	Education	Health Insurance	Work Status	Disconnected Youth	Non Cash Benefits	Source of Income
SS - Single	M - Mother	H - Hispanic	AI - American Indian	0-8 - 0-8th grade	N - None	EFT - Employed Full Time	W - Working/Not In School	WIC - WIC	EITC - Earned Income Tax Credit
M - Married	F - Father	N - Non-Hispanic	AS - Asian	9-12 - 9-12th grade	D - Direct Purchase	EPT - Employed Part Time	I - In School/Not Working	LI - LIHEAP	VA - Service Connected Disability
D - Divorced	C - Child		BI - Biracial	HS - High School Grad	E - Employment Based	F - Seasonal Farmer	N - Not Working/Not In School	FS - Food Stamps/SNAP	VAN - Non-Service Connected Disability
W - Widowed	S - Sister		BB - Black/African American	GED - GED	M - Medicaid	UEL - Unemployed 6 or more months		PSH - Perm. Supp. Housing	SSDA - Soc. Sec. Dis.
S - Separated	B - Brother		HA - Hawaiian/Pacific Islander	12+ - 12+ some post sec.	MC - Medicare	UES - Unemployed less than 6 mo.		ACA - Aff. Care Act Subsidy	SSI - State Supplemental
C - Cohabitating	SP - Spouse		O - Other	2yr - 2 Yr. Degree	MH - Military Health	UE - Not in Labor Force		HCV - Section 8	CS - Child Support
CH - Child	GP - Grandparent		W - White/Caucasian	4yr - 4 Yr. Degree	SC - State Children's Ins.	R - Retired		CV - Childcare Voucher	UE - Unemployment
	GC - Grandchild			O - Other post secondary	SA - State Ins. For Adults			PH - Public Housing	AL - Alimony
	G - Guardian				T - Tribal			NO - None	T - TANF
	FC - Foster Child							NN - None No Need	WC - Worker's Comp
	FP - Foster Parent							NE - None Not Eligible	PD - Private Disability
	P - Partner							HUD - HUD VASH	NO - No Income
	FR - Friend								W - Wages
	OR - Other Related								SS - Social Security
									PEN - Pension

*If any of your responses do not fall into these categories please just write in your response.

X _____
Signature of Client

_____
Date