Eligibility Questionnaire

Today's Date: _____

Name: _____ Address:_____

Phone #: _____ Alternate Phone #:_____

Email: _____

1. (Circle) What County do you reside in? **Sacramento Placer El Dorado Yolo Other**:_____
2. Are you or any members of the family enrolled with a Federally Recognized Indian Tribe, have CA Judgment Roll number, or descendants from enrolled members? ☐Yes ☐No If yes which Tribe? _____
3. Are you a U.S. citizen? ☐Yes ☐No
4. How many adults are in the household? _____ Are you a custodial caretaker? ☐Yes ☐No
5. How many children are in the household? _____
6. What are the children's ages? _____
7. **If no children, then adult must be in 3rd trimester of pregnancy and provide proof of tribal enrollment and pregnancy verification.**
8. Total household income: How much monthly? $_____
9. What type of income is received? _____
10. Is family currently receiving cash aid from County or other TANF program? ☐Yes ☐No

Is there a family emergency? ☐Yes ☐No ☐ DV ☐ Eviction ☐ PG&E shut off notice ☐ Other _____

Completed by:		**Date:**
To be completed by Intake/Manager		
Date received:	**Employee:**	
Date Called:	**Time Called:**	**Note:**
1.	**1.**	**1.**
2.	**2.**	**2.**
Intake Date:	**Intake Time:**	**Need Transportation?**
1.	**1.**	☐Yes ☐No
2.	**2.**	☐Yes ☐No
Notes:		

*** Please note: Completion of this form does not qualify you for TANF services. An intake appointment must be completed prior to determine household eligibility. Thank you.**