

This information is used to serve you more effectively, and to help us understand where you are starting. To learn more, please see a SparkPoint staff member. All information you provide on this form will be kept confidential.

PERSONAL AND HOUSEHOLD INFORMATION

First Name: _____ Last Name: _____

How many people in the following age ranges live in your household, including yourself?

(Please include everyone you share expenses with and are financially responsible for)

Infants (0-2 years)
 Preschoolers (3-5 years)
 School-Age Children (6-12 years)
 Teenagers (13-17 years)
 Adults (18 and over)

What best describes your living situation?

- | | | |
|---|---|--|
| <input type="checkbox"/> Renting | <input type="checkbox"/> Own home | <input type="checkbox"/> Live with family or friends |
| <input type="checkbox"/> Shelter or temporary housing | <input type="checkbox"/> Section 8/subsidized housing | <input type="checkbox"/> Currently without housing |

MONTHLY AVERAGE EARNED INCOME

Your Monthly Earned Average Gross Income: \$ _____ Other Household Members Earned Average Gross Income: \$ _____

MONTHLY OTHER SOURCES OF INCOME

Do you or anyone else in your household receive other sources of income? Yes No

(Please check all that apply and write in the amount you receive every month)

<input type="checkbox"/> Alimony: \$ _____	<input type="checkbox"/> Investment: \$ _____	<input type="checkbox"/> Workers Comp: \$ _____
<input type="checkbox"/> Child Support: \$ _____	<input type="checkbox"/> Pension: \$ _____	<input type="checkbox"/> Any Other Income: \$ _____
	<input type="checkbox"/> Scholarship: \$ _____	

MONTHLY PUBLIC BENEFITS RECEIVED

Do you or anyone else in your household receive public benefits or other sources of income? Yes No

(Please check all that apply and write in the amount you receive every month)

<input type="checkbox"/> CalFresh/SNAP: \$ _____	<input type="checkbox"/> Lifeline Telephone Bill Assistance	<input type="checkbox"/> Subsidized Childcare
<input type="checkbox"/> CalWORKS/TANF: \$ _____	<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Unemployment: \$ _____
<input type="checkbox"/> CARE	<input type="checkbox"/> Medicare	<input type="checkbox"/> Utilities/HEAP: \$ _____
<input type="checkbox"/> General Assistance: \$ _____	<input type="checkbox"/> School Lunch	<input type="checkbox"/> Veteran's Benefits: \$ _____
<input type="checkbox"/> Head Start	<input type="checkbox"/> Social Security/SSDI, SSI, SDI: \$ _____	<input type="checkbox"/> WIC
		<input type="checkbox"/> All Other Benefits: \$ _____

For Sparkpoint Staff Only:

Monthly Self Sufficiency Standard: _____

Staff Initials: _____

Date: _____