

# 5<sup>th</sup>-8<sup>th</sup> Grade Scholarship/Client Intake Form

FOR DELEGATE AGENCY USE ONLY:  
Carryover/Year: \_\_\_\_\_  
Staff Signature: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ PROJECT NAME: \_\_\_\_\_ TYPE OF PROGRAM: (check one)

ADDRESS: \_\_\_\_\_

Participant Last Name First Name MI Number Direction Street Name Apt. No.

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ Chicago, IL 606 \_\_\_\_\_  Homeless Youth

Out-of-School  
 Mentoring  
 Counseling  
 Homeless Youth  
 Training

<b>ETHNICITY:</b> (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>GENDER:</b> (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>AGE:</b> _____	<b>BIRTHDATE:</b> _____
<b>RACE:</b> (check one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multi-Racial		<b>CURRENT GRADE (if in school) or HIGHEST LEVEL OF EDUCATION COMPLETED:</b> _____ <b>DISABLED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____	

HEAD OF HOUSEHOLD INFORMATION			
<b>FAMILY TYPE:</b> (check one) <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-parent household <input type="checkbox"/> Independent Youth <input type="checkbox"/> Relative <input type="checkbox"/> Guardian	<b>HOUSING STATUS:</b> (check one) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> In Temporary Housing	<b>FOOD STAMPS:</b> (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>FREE/REDUCED LUNCH:</b> (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>HEALTH INSURANCE:</b> (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>INCOME SOURCE (check all that apply)</b> <input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Earnfare <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (Including SSDI, Child Support and VA Benefits) <input type="checkbox"/> SSI
<b>SOURCE OF REFERRAL</b> (Location that sent you) _____			

**PARENT OR GUARDIAN'S STATEMENT:** I certify that the above information is accurate and I give my permission for the above named to participate in this program.

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

Intake Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature\* of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*Required for all participants 17 years of age or younger. Please refer to Income table to determine income level

**LEVEL OF FAMILY INCOME:\***

In the left column, **FAMILY SIZE**, determine the number of persons in your family and **CIRCLE** that number. To the right of that number, find the dollar amount of your family's **TOTAL** monthly income and again, **CIRCLE** that number.

<b>FAMILY SIZE</b>	<b>EXTREMELY LOW INCOME (MONTHLY)</b>	<b>LOW INCOME (MONTHLY)</b>	<b>MODERATE INCOME (MONTHLY)</b>	<b>OTHER (MONTHLY)</b>
1	\$0 - \$1,321	\$1,322 - \$2,200	\$2,201 - \$3,475	\$3,476+
2	\$0 - \$1,508	\$1,509 - \$2,513	\$2,514 - \$3,975	\$3,976+
3	\$0 - \$1,696	\$1,697 - \$2,829	\$2,830 - \$4,470	\$4,471+
4	\$0 - \$1,883	\$1,884 - \$3,142	\$3,143 - \$4,967	\$4,968+
5	\$0 - \$2,038	\$2,039 - \$3,392	\$3,393 - \$5,363	\$5,364+
6	\$0 - \$2,188	\$2,189 - \$3,646	\$3,647 - \$5,763	\$5,764+
7	\$0 - \$2,338	\$2,339 - \$3,896	\$3,897 - \$6,158	\$6,159+
8	\$0 - \$2,488	\$2,489 - \$4,146	\$4,147 - \$6,554	\$6,555+
Each additional person	\$150	\$250	\$383	

Source: City of Chicago – Office of Budget & Management Memorandum 3/9/2006 Low/Moderate Income Limits