



# Eligibility Questionnaire

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

1. (Circle) What County do you reside in? **Sacramento** **Placer** **El Dorado** **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 3<sup>rd</sup> 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

**\* 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.**

|  |                     |  |
|--|---------------------|--|
| <b>Completed by:</b> _____               |                     | <b>Date:</b> _____                                       |
| <b>To be completed by Intake/Manager</b> |                     |  |
| <b>Date received:</b> _____              |                     | <b>Employee:</b> _____                                   |
| <b>Date Called:</b>                      | <b>Time Called:</b> | <b>Note:</b>   |
| 1.                                       | 1.                  | 1.   |
| 2.                                       | 2.                  | 2.   |
| <b>Intake Date:</b>                      | <b>Intake Time:</b> | <b>Need Transportation?</b>                              |
| 1.                                       | 1.                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.                                       | 2.                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Notes: _____                             |                     |  |