

# CLIENT CHARACTERISTIC FORM - YEAR 42

## Public Services - Limited Clientele Activities

PLEASE COMPLETE SECTIONS 1 THROUGH 6 ON THIS FORM. THIS INFORMATION FOR **STATISTICAL PURPOSES ONLY**.

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**1. Household income: Circle one income level** Based on number of members living in your household, including yourself.

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
XL	\$14,150 or less	\$16,200 or less	\$20,160 or less	\$24,300 or less
VL	\$23,600 or less	\$26,950 or less	\$30,300 or less	\$33,650 or less
80%	\$37,700 or less	\$43,100 or less	\$48,500 or less	\$53,850 or less
	\$37,701 or more	\$43,101 or more	\$48,501 or more	\$53,851 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
XL	\$28,440 or less	\$32,580 or less	\$36,730 or less	\$40,890 or less
VL	\$36,350 or less	\$39,050 or less	\$41,750 or less	\$44,450 or less
80%	\$58,200 or less	\$62,500 or less	\$66,800 or less	\$71,100 or less
	\$58,201 or more	\$62,501 or more	\$66,801 or more	\$71,101 or more

**2. Race: Check box most closely describing your race and ethnicity**

1	White	6	American Indian or Alaskan Native <b>and</b> White
1 A	White <b>AND Hispanic, Latino, or Puerto Rican</b>	6 A	American Indian or Alaskan Native and White <b>AND Hispanic, Latino, or Puerto Rican</b>
2	Black or African American	7	Asian <b>and</b> White
2 A	Black or African American <b>AND Hispanic, Latino, or Puerto Rican</b>	7 A	Asian and White <b>AND Hispanic, Latino, or Puerto Rican</b>
3	Asian	8	Black or African American <b>and</b> White
3 A	Asian <b>AND Hispanic, Latino, or Puerto Rican</b>	8 A	Black or African American and White <b>AND Hispanic, Latino, or Puerto Rican</b>
4	American Indian or Alaskan Native	9	American Indian or Alaskan Native <b>and</b> Black or African American
4 A	American Indian or Alaskan Native <b>AND Hispanic, Latino, or Puerto Rican</b>	9 A	American Indian or Alaskan Native and Black or African American <b>AND Hispanic, Latino, or Puerto Rican</b>
5	Native Hawaiian or other Pacific Islander	10	Other Multi Racial ( <b>Hispanic, Latino, or Puerto Rican are not RACES</b> )
5 A	Native Hawaiian or other Pacific Islander <b>AND Hispanic, Latino, or Puerto Rican</b>	10 A	Other Multi Racial <b>AND Hispanic, Latino, or Puerto Rican</b>

**3. Age of Program Participant: (check one)**

1	Under 5 years
2	5-9 years
3	10-15 years

4	16-20 years
5	21-24 years
6	25-44 years

7	45-54 years
8	55-64 years
9	Over 64 years

**4. Gender**

1	Female
2	Male

**5. Who do you live with (check one)**

Mother  Both Parents   
 Father  Other  Who \_\_\_\_\_

**6. Do you consider yourself with a severe disability?**

1	Yes
2	No

**CERTIFICATION:** [For youth programs, this form must be signed by a parent or guardian.]

I acknowledge that this information as submitted above has been examined by me and is true and correct.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED FOR EACH PARTICIPANT AND A PERMANENT FILE MAINTAINED FOR SEVEN YEARS FOR GOVERNMENT VERIFICATION.**

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Council District \_\_\_\_\_