



New Client Certification _____ **OR Client Re-Certification** _____

Date: _____
 Client Name: _____
 Last 4 numbers of social security: _____ DOB: _____
 Client Address: _____
 City: _____ County: _____
 State: _____ Zip: _____
 Phone: (home) _____ (cell) _____

Please check all CFS Services you receive:

Food Pantry _____ WIC _____
 Energy Assistance (EAP) _____ Head Start _____
 Weatherization _____ Rapid Rehousing/Homeless Prevention (RRHHP) _____
 Huntington House Homeless Shelter _____ Housing Choice Voucher (HCV)/Section8 _____
 Empower _____ Rental Assistance _____
 Senior Community Service Employment Program (SCSEP) _____ Emergency Food Delivery _____
 Thrift Store _____ Silver Lining _____

Please check all CFS Services you would like to hear more about:

Food Pantry _____ WIC _____
 Energy Assistance (EAP) _____ Head Start _____
 Weatherization _____ Rapid Rehousing/Homeless Prevention (RRHHP) _____
 Huntington House Homeless Shelter _____ Housing Choice Voucher (HCV)/Section8 _____
 Empower _____ Rental Assistance _____
 Senior Citizen Employment Program (SCEP) _____ Emergency Food Delivery _____
 Thrift Store _____ Silver Lining _____

Household Info:

List names, ages and relationships of household family members

NAME:	AGE:	Relationship:



Is your household at or below the federal poverty guideline requirements? (Chart Below) Y___ N___
 (If before October 1= 2021 please us 200% FPG income chart.)

Household (HH) Size	Income Guidelines (125% of FPG)			Household (HH) Size	Income Guidelines (200% of FPG)		
	Weekly	Monthly	Yearly		Weekly	Monthly	Yearly
1	\$310.00	\$1,342.00	\$16,100.00	1	\$495.38	\$2,146.67	\$25,760.00
2	\$419.00	\$1,815.00	\$21,775.00	2	\$670.00	\$2,903.67	\$34,840.00
3	\$528.00	\$2,288.00	\$27,450.00	3	\$844.62	\$3,660.00	\$43,920.00
4	\$637.00	\$2,760.00	\$33,125.00	4	\$1019.85	\$4,416.67	\$53,000.00
5	\$746.15	\$3,233.00	\$38,800.00	5	\$1193.85	\$5,173.33	\$62,080.00
6	\$846.00	\$3,706.00	\$44,475.00	6	\$1368.46	\$5,930.00	\$71,160.00
7	\$964.00	\$4,179.00	\$50,150.00	7	\$1543.08	\$6,686.67	\$80,240.00
8	\$1,074.00	\$4,652.00	\$55,825.00	8	\$1717.69	\$7,443.33	\$89,320.00
Each added HH Member please add	\$109.00	\$473.00	\$5,675		\$174.62	\$756.67	\$9,080.00

Are you looking for job opportunities? Y___ N___
 Are you looking to further your education? Y___ N___
 Do you need internet access? Y___ N___
 Do you need computer access? Y___ N___
 Are you homebound for any health-related reason? Y___ N___
 Are you/your family quarantined due to COVID-19? Y___ N___
 Are you/your family self-quarantining in fear of COVID-19? Y___ N___
 Total number of household members under age 18 _____
 Total number of household members over age 18 _____
 Total number of household members over age 65 _____

The undersigned client certifies that the information/answers provided are complete and true. You further agree to the following:

- Inappropriate behavior such as profanity, verbal abuse of staff or any other disruptive behavior is prohibited. Any such behavior may result in the suspension or termination of your privileges of this service.
- You agree to keep a "C" average on any and all educational courses, in order to use our electrical equipment/internet service.
- You agree to put forth your best effort with employment, or any training program in order to advance from your current starting point.
- You allow the case manager to share your contact information with other CFS Programs, in order to help you in any way our agency can.

CLIENT SIGNATURE: _____

Date: _____

CASE MANAGER SIGNATURE: _____

Date: _____



All CFS, Inc. services are provided without regard to race, age, color, religion, sex, disability, national origin, ancestry, or status as a veteran.