



ABCD UNIVERSAL INTAKE FORM

FY2021
 (October 1, 2020-September 30, 2021)
 Color: Jammin' Salmon
 WB Mason #CASMP2201SN
 Updated: 10/01/2020

Basic Client Information											
First Name						Last Name					
Social Security Number				-	-						
Gender		<input type="checkbox"/> Female		<input type="checkbox"/> Male		<input type="checkbox"/> Non-binary					
Date of Birth			/		/					(MM/DD/YYYY)	
Address											
City						Zip Code					
Email						Home Phone					
Cell Phone						Work Phone					
Emergency Contact Information											
Name						Relationship					
Phone Number											
Demographic Information											
Ethnicity (please select one)						<input type="checkbox"/> Hispanic or Latino			<input type="checkbox"/> Not Hispanic or Latino		
Race (please select all that apply)		<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Asian		<input type="checkbox"/> White	
		<input type="checkbox"/> Multi-race		<input type="checkbox"/> Other							
Is your English limited?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Primary language spoken				Country of Origin			
What is your current citizenship status?				<input type="checkbox"/> U.S. Citizen		<input type="checkbox"/> Legal Permanent Resident		<input type="checkbox"/> Other			
Universal Data Assessment											
Do you have a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I choose not to answer this question							
What types of health insurance do you have (check all that apply)?		<input type="checkbox"/> None		<input type="checkbox"/> Medicare		<input type="checkbox"/> MassHealth		<input type="checkbox"/> Employment Based			
		<input type="checkbox"/> Military Health Care		<input type="checkbox"/> Direct-Purchase							
What is Your Housing Status		<input type="checkbox"/> Rent		<input type="checkbox"/> Own		<input type="checkbox"/> Other permanent housing		<input type="checkbox"/> Homeless (street, shelter)		<input type="checkbox"/> Doubled up with family/friends	
										<i>*MUST COMPLETE SELF-DECLARATION OF HOUSING FORM*</i>	
Have you served in the U.S. Armed Forces?				<input type="checkbox"/> Yes, actively serving				<input type="checkbox"/> Yes, eligible veteran		<input type="checkbox"/> No	
Employment Assessment											
If you are 18 years of age or older, what is your current employment status?		<input type="checkbox"/> Employed full-time		<input type="checkbox"/> Employed, part-time		<input type="checkbox"/> Short-term unemployed, less than 6 months		<input type="checkbox"/> Long-term unemployed, more than 6 months		<input type="checkbox"/> Unemployed, not in labor force (not looking for a job)	
		<input type="checkbox"/> Migrant seasonal farm worker		<input type="checkbox"/> Retired							

Food Access Assessment			
In the past 12 months,	Never	Sometimes	Always
I was worried whether our food would run out before we got money to buy more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The food we bought just didn't last and we didn't have money to get more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Cash Benefit Assessment			
Are you the custodial parent/guardian of a child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is anyone in your household receiving any of the following non-cash benefits?			
SNAP/Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent supportive housing		<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	HUD-VASH (Veteran's)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	Childcare voucher		<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 8 Voucher <input type="checkbox"/> Yes <input type="checkbox"/> No	Affordable Care Act Subsidy		<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Housing <input type="checkbox"/> Yes <input type="checkbox"/> No	Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
Education Assessment			
What is your highest level of education?			
<input type="checkbox"/> Some Elementary or Middle School	<input type="checkbox"/> 12+ some college		
<input type="checkbox"/> Some High School	<input type="checkbox"/> 2 year college graduate		
<input type="checkbox"/> GED	<input type="checkbox"/> 4 year college graduate		
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Graduate degree		
<input type="checkbox"/> Trade/technical school graduate			

Information Disclosure and Declaration of Accuracy (For Client and Staff)

I, _____ **[print name]**, understand that Action for Boston Community Development, Inc. (ABCD) will maintain the confidentiality of personal and financial information I provide, except that ABCD may share information with individuals within ABCD or acting for ABCD as necessary to provide services to me, to keep me updated about ABCD programs, services and initiatives and to administer its programs and ABCD may disclose information upon request of or as required by ABCD's funding sources and/or for purposes of internal or external audits, monitoring, investigations or evaluations, and as authorized or required by law, legal process, or court order. For any other purpose, ABCD will only disclose information with my written consent.

I hereby certify that the information presented in this declaration is true and accurate to the best of my knowledge. I understand that providing false representation in this declaration may constitute an act of fraud. Further, misleading or incomplete information may result in denial or termination of services.

Client Signature: _____ Date: _____ / _____ / _____

Staff Person Signature: _____ Date: _____ / _____ / _____

家庭成員姓名	收入來源	每月薪金	出生日期	性別(男/女/不表示)	工人證號碼	與申請人關係	種族	民族	教育程度	傷殘人士
Household member(s) Name	Income Source	Monthly Income	DOB	Gender (M/F/NA)	SSN	Relationship	Race	Ethnicity	Edu Level	Disability (Y/N)

Please return the completed form to Chinatown Main Street office
 Located at 2 Boylston Street, China Trade Center, Suite G07, Boston, MA 02116
 Please contact Executive Director by email: BosCMSed@gmail.com or Phone: 617-350-6303.



SELF-DECLARATION OF INCOME SOURCES

What is the Self-Declaration of Income Sources Form?

- The Self-Declaration of Income Sources form helps determine eligibility each fiscal year (Oct. 1 – Sept. 30)
- This information is collected at your first visit of each fiscal year AND updated when there are any changes in your household
- This form calculates your income if you are unable to provide documentation
- Clients **and** ABCD staff must sign **and** date the Self-Declaration of Income Sources form

Directions:

- Specify the dollar amount received and select how often you receive it

(Please include all that apply)

SOURCE OF INCOME	Amount	Weekly	Bi-Weekly	Semi-Monthly	Monthly	Annually
Wages from employment, odd jobs, or seasonal work	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wages from self-employment	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Insurance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental income from real or personal property	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Assistance (ex: TANF, EADEC, etc., NOT SNAP)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security/SSI/SSDI	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony or Child Support payments	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension or Retirement Income	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest or dividends payments	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trust/Estate income	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran or Survivor benefits	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Assistance	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sources of income (ex: loans or gifts from others, etc.)	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Income; I currently have no income of any kind and do not expect any immediate changes in my financial status.						<input type="checkbox"/>

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may also result in the termination of services.

 Your Name (PRINT)

 Your Signature Date

 ABCD Staff Signature Date