WELCOME TO ACTIVE COMMUNITY ENVIRONMENT (ACE)! WE'RE EXCITED TO SUPPORT YOU ON YOUR JOURNEY TOWARD EMPOWERMENT, GROWTH, AND STABILITY.

TO HELP US BEST SERVE YOU, PLEASE BRING THE FOLLOWING DOCUMENTS WITH YOU TO YOUR INTAKE APPOINTMENT.

THESE ITEMS ALLOW US TO ASSESS YOUR ELIGIBILITY FOR SERVICES, CONNECT YOU WITH THE RIGHT PROGRAMS, AND CREATE A PERSONALIZED ACTION PLAN TO SUPPORT YOUR GOALS.

1. PERSONAL IDENTIFICATION (REQUIRED)

- GOVERNMENT-ISSUED PHOTO ID (DRIVER'S LICENSE, STATE ID, PASSPORT)
- SOCIAL SECURITY CARD OR ITIN DOCUMENTATION
- BIRTH CERTIFICATE (IF AVAILABLE)

2. PROOF OF INCOME (IF APPLICABLE)

- RECENT PAY STUBS (LAST 30 DAYS)
- EDD/UNEMPLOYMENT BENEFITS STATEMENT
- PUBLIC ASSISTANCE BENEFITS LETTER (CALWORKS, SSI/SSDI, GENERAL RELIEF)
- CHILD SUPPORT VERIFICATION (IF APPLICABLE)

3. PROOF OF RESIDENCE

- CURRENT UTILITY BILL, LEASE AGREEMENT, OR MAILING ADDRESS TO YOU
- SHELTER RESIDENCY LETTER OR HOUSING PROGRAM DOCUMENTATION (IF APPLICABLE)
- LETTER FROM A CASEWORKER (IF UNHOUSED OR TRANSITIONAL)

4. EDUCATIONAL AND WORK HISTORY (IF APPLICABLE)

- HIGH SCHOOL DIPLOMA OR GED
- COLLEGE TRANSCRIPTS OR CERTIFICATES
- RESUME (IF YOU HAVE ONE)
- ANY PROFESSIONAL LICENSES OR CREDENTIALS

5. LEGAL OR JUSTICE-INVOLVED DOCUMENTATION (IF APPLICABLE)

- COURT DOCUMENTS
- PROBATION OR PAROLE VERIFICATION
- EXPUNGEMENT PAPERWORK (IF APPLICABLE)

6. ADDITIONAL (IF AVAILABLE OR REQUIRED)

- MEDICAL DOCUMENTATION (FOR DISABILITY OR ACCOMMODATIONS)
- IMMIGRATION DOCUMENTATION (E.G., GREEN CARD, WORK PERMIT)
- CHILD CUSTODY OR GUARDIANSHIP PAPERS (IF RELEVANT TO SERVICES)

ACTIVE COMMUNITY ENVIRONMENT

CLIENT INTAKE FORM

CLIENT'S INFORMATION

FULL NAME:	
DATE OF BIRTH:	AGE: FEMALE / MALE / NB PREFERRED PRONOUNS:
PRIMARY ADDRESS:	
CITY:	ZIP CODE:
E-MAIL:	PHONE:

SKIP IF SAME

MAIL ADDRESS:	
CITY:	ZIP CODE:

RACE/ETHNICITY

( ) BLACK OR AFRICAN AMERICAN	( ) HISPANIC, LATINO/A, LATINX	( ) WHITE OR EUROPEAN AMERICAN
( ) ASIAN	( ) AMERICAN INDIAN OR ALASKA NATIVE	( ) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
( ) MIDDLE EASTERN OR NORTH AFRICAN	( ) MULTIRACIAL OR MIXED RACE	( ) PERFER NOT TO ANSWER
OTHER:		

PRIMARY LANGUAGE SPOKEN AT HOME :

SECONDARY LANGUAGE SPOKEN AT HOME :

VETERAN STATUS

( ) YES, I AM A VETERAN	( ) YES, I AM CURRENTLY SERVING (ACTIVE DUTY)	( ) NO, I HAVE NEVER SERVED
( ) PERFER NOT TO SAY		

IF YES, PLEASE SELECT ANY THAT APPLY

( ) DISCHARGED (HONORABLE OR GENERAL)	( ) SERVICE-CONNECTED DISABILITY	( ) RECENTLY SEPARTED (WITHIN THE PAST 12 MONTHS)
( ) SERVED IN A COMBAT ZONE	( ) ENROLLED IN VA HEALTHCARE	( ) RECEIVING VETERAN BENEFITS
( ) NOT CURRENTLY RECEIVING ANY VETERAN BENEFITS		

EMERGENCY CONTACT

NAME:	
RELATIONSHIP:	PHONE:

ELIGIBILITY

ARE YOU CURRENTLY UNHOUSED OR AT RISK OF HOMELESSNESS?	YES NO
ARE YOU CURRENTLY RECEIVING GOVERNMENT ASSISTANCE (CALFRESH, MEDI-CAL, SSI, SSA, ETC.)?	YES NO
JUSTICE INVOLVED (CURRENT OR PAST)?	YES NO
ARE YOU A TRANSITIONAL-AGED YOUTH (18-26)?	YES NO
SENIOR ADULT (55+)	YES NO

EMPLOYMENT STATUS

( ) EMPLOYED FULL-TIME	( ) EMPLOYED PART-TIME	( ) SELF-EMPLOYED
( ) UNEMPLOYED STUDENT	( ) RETIRED	( ) OTHER

EDUCATION BACKGROUND:

( ) LESS THAN HIGH SCHOOL	( ) HIGH SCHOOL DIPLOMA OR GED	( ) SOME COLLEGE
( ) ASSOCIATE DEGREE	( ) BACHELOR'S DEGREE	( ) GRADUATE OR PROFESSIONAL DEGREE
( ) OTHER		

HOUSEHOLD INCOME(ANNUAL):

( ) UNDER $25,000	( ) $25,000 - $49,000
( ) $50,000 - $74,999	( ) $75,000 - $ 99,000

DO YOU CURRENTLY RECEIVE ANY PUBLIC ASSISTANCE?

( ) CALFRESH (FOODSTAMPS)	( ) CALWORKS (CASH AID FOR FAMILIES)
( ) GENERAL RELIEF (GR)	( ) SECTION 8 / HOUSING VOUCHERS
( ) MEDI-CAL	( ) WIC
( ) SSI / SSDI (SOCIAL SECURITY)	( ) GAIN / WELFARE-TO-WORK
( ) UNEMPLOYMENT BENEFITS	( ) CHILD CARE SUBSIDIES
( ) NONE	( ) PERFER NOT TO ANSWER

SERVICES REQUESTED

HOMELESS ASSISTANCE	☐
WELFARE & BENEFITS APPLCATION SUPPORT	☐
TRANSPORTATION RESOURCE ASSISTANCE	☐
JOB PLACEMENT & EMPLOYMENT READINESS	☐
SEX TRAFFICING VICITIM ASSISTANCE	☐
LIFE SKILLS WORKSHOPS	☐
CLOTHING ASSISTANCE	☐
FREE FOOD/ FOOD BANK REFERRAL	☐
WELLNESS WORKSHOPS	☐
HYGIENE ASSISTANCE	☐
BUSINESS DEVELOPMENT	☐
EXPUNGMENT CLINIC	☐
OTHER	EXPLAIN:

ACE CASE MANAGER ASSIGNED:	
INTAKE DATE	

CONSENT

I AUTHORIZE ACTIVE COMMUNITY ENVIRONMENT TO STORE AND USE MY INFORMATION FOR CASE MANAGEMENT AND PROGRAM SUPPORT UNDER CONFIDENTIALITY GUIDELINES.

PRINT NAME:	SIGN NAME:
DATE SIGNED:	WITNESS SIGN & DATE: