| AmeriCorps Services Form complete one form per household | | Member Name: |
|--|--------|---|
| | | Service Site: |
| Household Identifier or Code Name: | What i | s the date you began working with this household? (8/1/22 or after) |

Household Eligibility Documentation

Choose 1 of the following. Do not send the documentation to us, but make sure it is on-file at the service site.

Medicaid eligibility or benefits letter

SNAP or TANF/KTAP eligibility or benefits letter

SSI or SSDI determination letter

Section 8 or other housing program voucher (supportive or permanent supportive)

Eviction letter or past due bill (at least 60 days in arrears)

Current credit report with credit score below 620 (within 30 days)

Income tax return or paystub that proves the client is below 200% of the poverty line

Verification of Homelessness or HMIS – complete separate form

General Household Information

| Individual - Adult or Child | Age or Birthdate | Gender Identity | Race | Ethnicity |
|-----------------------------|------------------|-----------------|---------------|---------------|
| | | self-response | self-response | self-response |
| Ex: Adult #1 | Ex: 1/1/1900 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional Household Information

| # of Veterans in Household | | # of Active Military in Household | | Monthly Household Income | | | |
|----------------------------|----------|-----------------------------------|---------------------------------|--------------------------|--------------|-------|--|
| 1 ADULT | 2 ADULTS | Househ 1 PARENT | old Type (select be 2 PARENT | - | GENERATIONAL | OTHER | |

Is this household receiving services because of a natural disaster? (tornado, earthquake, flood, etc.)

YES NO

Is this household receiving services because of COVID-19?

YES NO

What types of housing-related services are you, as the AmeriCorps member, providing? check all that apply

| | Coop management (housing forward and (or govern)) |
|----------|---|
| | Case management (housing focused and/or general) |
| | Credit counseling |
| | Debt management or budget counseling |
| | Eviction prevention |
| | Financial literacy counseling or education |
| | Homebuyer or homeownership education |
| | Homeownership or home repair loan counseling |
| | Housing applications (ex: rental units, homeownership applications, etc.) |
| | Housing counseling (ex: client-centered action plans) |
| | Housing navigation |
| | Housing placement |
| | Housing searches |
| | Intake and assessment (ex: VI-SPDAT, intake form for site) |
| | Major repair or renovation (\$25,000+) |
| | Minor repairs or rehab (\$0-\$24,999) |
| | New home construction |
| | Other: |
| | Rent or utility assistance |
| | Service referral |
| | Street outreach |
| | Voluntary client sessions (life skills, personal goal setting, finances, tenant education, job readiness) |
| | Weatherization |
| | Verification of Complete and Accurate Data |
| I certif | fy that the information on this form is as complete and accurate as possible to the best of my knowledge. I certify |

that materials are available at my service site to confirm the data that is shared on this form.

MEMBER SIGNATURE: _____

Homes for All AmeriCorps 2022-2023

DATE: ____