

# CLIENT CHARACTERISTIC FORM - YEAR 39 – Revised 5/3/2013

## Public Services - Limited Clientele Activities

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

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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

1 Person Household	2 Person Household	3 Person Household	4 Person Household
\$13,350 or less	\$15,250 or less	\$17,1500 or less	\$19,050 or less
\$22,250 or less	\$25,400 or less	\$28,600 or less	\$31,750 or less
\$35,600 or less	\$40,650 or less	\$45,750 or less	\$50,800 or less
\$35,601 or more	\$40,651 or more	\$45,751 or more	\$50,801 or more
5 Person Household	6 Person Household	7 Person Household	8 Person Household
\$20,600 or less	\$22,100 or less	\$23,650 or less	\$25,150 or less
\$35,300 or less	\$36,850 or less	\$39,400 or less	\$41,950 or less
\$54,900 or less	\$58,950 or less	\$63,000 or less	\$67,100 or less
\$54,901 or more	\$58,951 or more	\$63,001 or more	\$67,101 or more

2. **RACE** - Please Note: Hispanic, Latino, and/or Puerto Rican is NOT your RACE.  
Hispanic, Latino, and/or Puerto Rican is your ETHNICITY.  
Check which group listed below best pertains to you

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

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. **Is the head of your household female?**

1		Yes
2		No

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 GOVERNMENT VERIFICATION.**

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

7.	Census Tract
8.	Activity Codes

9.	Project Number
10.	Councilmanic District