

Service Coordination Form

Date: _____

Last 4 of Social: _____

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

County of Residence: _____

Age: _____

What is your current employment status? Employed Unemployed

Are you interested in completing a certification or training program? Yes No

What is your household size: _____ What is your gross household income: _____

What are the names and ages of all members living in your household: _____

Financial Assistance – Please check all forms of assistance that members of your household have received in the last 30 days.

- | | | |
|--------------------|-----------------------|---------------------------|
| TANF | Medicaid | Unemployment Compensation |
| SSI/SSDI | Subsidized Housing | Other: _____ |
| SNAP (Food Stamps) | Free or Reduced Lunch | |

Current Barriers – Please check/add all barriers that are keeping you from meeting your self-sufficiency goals.

- | | | |
|-------------------|------------------------|--------------|
| Education Level | Lack of Transportation | Other: _____ |
| Homelessness | Lack of Childcare | _____ |
| Previous Offender | Lack of Job Skills | _____ |

Education Level – Please check your highest level of education achieved.

- | | | |
|------------|-------------------|-------------------|
| None | Some College | Bachelor’s Degree |
| HS Diploma | Associates Degree | Master’s Degree |

UCHRA Services – What services are you and/or your household in need of?

- | | | |
|-------------------------|------------------------------------|--------------------------|
| Transportation | Employment and Training | Homemaker Aid Assistance |
| Commodities | Community Referrals | Other: _____ |
| Family Engagement | Weatherization Assistance | |
| Driver’s Education | Opioid Addiction Services/Referral | |
| Utility Bill Assistance | Information on CASA | |