

Service Coordination Form

Date: _____

Last 4 of Social: _____

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

County of Residence: _____

Date of Birth: _____

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	Other: _____
Driver’s Education	Opioid Addiction Services/Referral	Other: _____
Utility Bill Assistance	Information on CASA	Other: _____