

South County Outreach- Application 2023

Application Date: _____



Applicant First Name:	MI:	Last Name:		
Street Address:		City:	State:	Zip:
Phone Number:		Email:		

Head of Household: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond	
Currently Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond	How long? _____ <input type="checkbox"/> N/A
Formerly Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond	City prior to being homeless? _____ <input type="checkbox"/> N/A
Is anyone in this household employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond	
Is anyone in this household receiving Unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond	
Is anyone in this household receiving Cal Fresh Benefits (food stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond	
Is anyone in this household receiving Disability Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond	

****List all household members below- including yourself****

First Name:	Last Name:
Relationship to Head of Household: SELF	Date of Birth:
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond	
Check All That Apply: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Prefer not to respond	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to respond
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and White <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Black and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native & Black <input type="checkbox"/> Prefer not to respond	

First Name:	Last Name:
Relationship to Head of Household:	Date of Birth:
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond	
Check All That Apply: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Prefer not to respond	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to respond
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and White <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Black and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native & Black <input type="checkbox"/> Prefer not to respond	

First Name:	Last Name:
Relationship to Head of Household:	Date of Birth:
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond	
Check All That Apply: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Prefer not to respond	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to respond
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and White <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Black and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native & Black <input type="checkbox"/> Prefer not to respond	

First Name:	Last Name:
Relationship to Head of Household:	Date of Birth:
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond	
Check All That Apply: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Prefer not to respond	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to respond
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and White <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Black and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native & Black <input type="checkbox"/> Prefer not to respond	

First Name:	Last Name:
Relationship to Head of Household:	Date of Birth:
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond	
Check All That Apply: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Prefer not to respond	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to respond
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and White <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Black and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native & Black <input type="checkbox"/> Prefer not to respond	

First Name:	Last Name:
Relationship to Head of Household:	Date of Birth:
Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/non-conforming <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond	
Check All That Apply: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Prefer not to respond	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to respond
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian and White <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Black and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native & Black <input type="checkbox"/> Prefer not to respond	

Have you been impacted by COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond If yes, please describe: _____

<p>Assistance Commitment & Release: I release South County Outreach (SCO), and its employees, volunteers and agents, of all liabilities and claims whatsoever, arising out of information about me and other members of my household including our names, social security numbers, and types of assistance provided, to any other social service agency. I also authorize the release of any additional information to other community agencies, churches, and organizations that might be required in order to provide services to my household and me. I authorize South County Outreach to take whatever steps are necessary to verify all information contained in this form. I agree to fully cooperate and be completely honest with South County Outreach personnel and, if necessary, provide the information required to verify this data. I certify that the information provided is correct to the best of my knowledge and I agree to all of the terms and conditions contained herein.</p> <p>Signature: _____ Date: _____</p>
--

South County Outreach does not discriminate when providing services or in hiring practices. We prohibit all discrimination against any client, employee or applicant for employment on the basis of race, color, national origin, ancestry, sex, age, religion, creed, physical or mental disability, legally protected medical condition, marital status, sexual orientation, military service status, gender, gender identity, or other characteristic protected by state or federal law or local ordinance.