

# INSTRUCTIONS FOR COMPLETING INDIVIDUAL ELIGIBILITY FORM

## Homeless Assistance Projects

All requested information must be completed. Please follow all instructions. Please print clearly.

**Client Eligibility Information** (completed by individual, parent or legal guardian of person requesting services, or by Subrecipient agency)

1. Print the last name and first name of the individual receiving services.
2. Indicate whether the head of household is male or female.
3. Indicate the total number of people in the household.
4. Indicate the annual household income, including the income of all adult members of the household. If the individual is homeless, income is not needed; write "homeless."

### Client Information

5. Indicate the age of the individual receiving services.
6. Check the box that indicates the sex of the individual receiving services.
7. Check only one box that identifies the **ethnicity** of the individual receiving services **and** only one box that indicates **race** of the individual receiving services.
8. Check the box that indicates whether the individual receiving services has been diagnosed with a disability. If yes, disability documentation must be present in the client file.
9. The box that identifies the individual as homeless has already been checked.
10. Indicate whether the individual's temporary U.S. residency status was granted pursuant to 245A or 210 of the Immigration and Nationality Act. (*CDBG projects only*)
11. Print the name of the individual receiving services.
12. Provide the signature of the individual receiving services or parent/guardian of person receiving services.
13. Print the date the form was signed.
14. Comments may be added on the lines provided.

### For Subrecipient Use

15. Check the appropriate box that indicates whether the individual was approved for services from your agency.
16. Under "Meets the homeless definition", check the appropriate Category box under which the individual is eligible.
17. Check the appropriate box to indicate whether the file contains sufficient homelessness documentation in accordance with HUD's record keeping requirements.
18. Check the types of services the individual received from your agency. If "other," please briefly explain.
19. Provide the signature of the staff member authorizing this form and the date signed.

**Do not write in "For HCCSD Use" section.**