



## **Application for LIHEAP (Gas/Electric) Utility Assistance AND/OR Weatherization Services**

Community Action Partnership of Orange County (CAP OC), Energy and Environmental Services Department oversees administration of the Low-Income Home Energy Assistance Program (LIHEAP) and the Department of Energy's Weatherization Assistance Program (DOE WAP). These programs are funded by the United States Department of Health and Human Services, Department of Energy Region IX, and the California Department of Community Services and Development (CSD). The programs are designed to assist eligible low-income households to manage and meet their immediate home heating and/or cooling needs. In addition, LIHEAP provides financial assistance to offset heating and/or cooling costs and helps to improve household energy efficiency.

If you have a disability or need help with this application, you may request assistance from an agency representative, and someone will help you.

### **How do I apply?**

- Complete the pages included in this application and include all required documents
  - Print clearly utilizing an ink pen, do **not** use a pencil.
  - If you make an error, do **not** use white-out. Simply draw a line through the error, initial it, and enter the correct information.
  - Remember to sign and date your application.
  - A checklist of all mandatory documents is included to assist you in the application process. Incomplete and unsigned applications will delay the process of your application.
- Give the application to CAP OC in person, by mail or by fax (contact info on next page)
- **Online Utility Assistance application: [www.caliheapapply.com](http://www.caliheapapply.com)**

### **Who gets priority?**

In accordance with federal law, our department establishes a priority rating system once we reach a financial budget benchmark. Benefits are calculated based on your household's out-of-pocket energy cost versus household income and a point system.

### **How long will it take?**

It may take up to 60 days until your utility assistance application has been processed. It is your responsibility to continue to pay and/or make payment arrangements with your utility company until eligibility is determined. We do not guarantee your benefit will be processed and paid before the date of the bill is due.

CAP OC will send you a letter to let you know if your household is approved or denied HEAP benefits.

**Informational Page – Please take and keep for your records**

# CHECKLIST OF MANDATORY DOCUMENTS FOR LIHEAP

Community Action Partnership of Orange County  
Energy & Environmental Services Department  
11870 Monarch St., Garden Grove, CA 92841  
Tel (714) 839-6199, Fax (714) 839-2817

[www.capoc.org](http://www.capoc.org)

Online Utility Assistance application: [www.caliheapapply.com](http://www.caliheapapply.com)

**INSTRUCTIONS:** You **MUST** submit all forms that are included with this packet (not including this and the previous informational pages), your most recent electric **and** gas bills (all pages) and proof of income for the household. Your application will not be processed if we are missing any of these items. **YOU ARE REQUIRED TO MAKE YOUR OWN COPIES.**

- **Forms to fully complete, sign and date:**
  - **Energy Intake Form (CSD43):** please note that this has 2 pages front & back
  - **\*Account Holder Authorization & Consent Form (CSD081):** ONLY fill out if someone other than the applicant is the account holder for the gas or electric bill
  - **\*Certification of Income & Expenses (CSD43B):** ONLY fill out if you receive cash income or zero income
  - **Conflict of Interest Form**
  - **Household Demographic Questionnaire**
- **Documents required:**
  - **Identification (for Applicant only):** Copy of California picture ID with current legal name or other valid government-issued ID. \*\*\*If "Federal Limits Apply" is on ID: need US passport, US birth certificate or resident card as 2nd form of ID\*\*\*
  - **Most recent Electric Bill (ALL pages)** - Billing period must be at least 22 days
  - **Most recent Gas Bill (ALL pages)** - Billing period must be at least 22 days
  - **Proof of Income for everyone in the household 18 years of age and older. We look at gross income received in the LAST 30 DAYS ONLY so documents must be current/the most recent:**
    - Gross Wages: paystubs for the past 30 days pay period
    - Self-Employment: most current signed 1040 tax form AND Schedule C (self-employment) or Schedule E (for rental income)
    - Jobs Paid in Cash: complete **Form CSD43** (mentioned above)
    - TANF (Cash Aid): Notice of Action for current month & year
    - Unemployment: EDD documentation reflecting a full consecutive month
    - Child Support: Statement from DCSS or court order
    - Social Security (SSA, SSI) or Disability (SSDI): Award letter for current year or current bank statement showing direct deposit from SSA, SSI or SSDI
    - Pensions/Annuities: Statement indicating gross income within last 30 days (bank statements are not acceptable)
- **Include these documents if applicable:**
  - **Current CalFresh/ Food Stamps Notice of Action**
  - **Current Low-Income Housing Section 8 – HUD letter**
- If you are applying for Weatherization, you need to fill out additional forms. Please call or email us [energy@capoc.org](mailto:energy@capoc.org) to request these forms.

**Informational Page – Please take and keep for your records**

**Department of Community Services and Development**

Energy Intake Form

CSD 43 (10/2022)

Official Use Only:	
Priority Points	
A.C.C.	
Eligibility Cert Date	

Agency: \_\_\_\_\_ Intake Initials: \_\_\_\_\_ Intake Date: \_\_\_\_\_

First name	Middle Initial	Last Name	Date of Birth MM/DD/YY
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SERVICE ADDRESS – Address where you live (this *cannot* be a P.O. Box)

Service Address	Unit Number		
Service City	Service County	Service State	Service Zip Code

Have you lived at this residence during each of the past 12 months? .....  Yes  No  
 Is your service address the same as mailing address?.....  Yes  No  
 Do you own or rent your home?.....  Own  Rent

Mailing Address	Unit Number		
Mailing City	Mailing County	Mailing State	Mailing Zip Code

Social Security Number (SSN): [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Telephone Number ( )

E-mail Address: \_\_\_\_\_

<b>PEOPLE LIVING IN HOUSEHOLD</b> Enter the total number of people living in the household, including yourself →	○	<b>INCOME</b> Enter the total number of people who receive income →	○
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*Demographics: Enter the number of people in the household who are:*      *Enter the total **gross** monthly income for **all** people living in the household:*

Ages 0 – 2 Years		TANF / CalWorks	\$
Ages 3 - 5 years		SSI / SSP	\$
Ages 6 - 18 years		SSA / SSDI	\$
Ages 19 - 59		Paycheck(s)	\$
Ages 60 and older		Interest	\$
Disabled		Pension	\$
Native American		Other	\$
Seasonal or Migrant Farmworker		<b>Total Monthly Income</b>	<b>\$</b>

**HOUSEHOLD MEMBERS**

ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.  
 If you have more than 6 people in your household, please list the information on a separate piece of paper.

**APPLICANT (HOUSEHOLD MEMBER 1)**

First Name	M.I.	Last Name	Relationship to Applicant <i>Self</i>
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	Amount of Gross Monthly Income (before taxes): _____ Source of Income: _____		

**HOUSEHOLD MEMBER 2**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 3**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 4**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 5**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

**HOUSEHOLD MEMBER 6**

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?  Yes  No

**PAY BILL**

To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied? (Attach complete copy of most recent bill or receipt)

- Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Manufactured log  Pellets  Other Fuel

Enter the energy company and account number:

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Is your utility service shut-off?  Yes  No

Do you have a past due notice?  Yes  No

Are your utilities included in rent or submetered?  Yes  No

Are your utilities all electric?  Yes  No

Is your Natural Gas Company the same as your Electric Company?  Yes  No

**WOOD, PROPANE or FUEL OIL SERVICE (WPO)**

Are you currently out of fuel? (Wood, Propane, Oil, Kerosene, Other Fuels)  Yes  No  N/A

List the approximate number of days until you run out of fuel (Wood, Propane, Oil, Kerosene, Other Fuels).

Number of Days: \_\_\_\_\_  N/A

**ENERGY INFORMATION**

The questions below are **MANDATORY**. Please check all energy sources used to heat your home.

A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided.

NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

What is the main fuel used to HEAT your home? One main heating source **MUST** be checked.

- Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Manufactured log  Pellets  Other Fuel

In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):

- Natural Gas  Electricity  Wood  Propane  Fuel Oil  Kerosene  Manufactured log  Pellets  Other Fuel  N/A

Are you the account holder: Electric Bill  Yes  No Natural Gas Bill  Yes  No

The information on this application will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my household's utility account, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

X  
\*\*\* APPLICANT'S SIGNATURE \*\*\*  
Date

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.

Utility Assistance being provided under which program →  HEAP  Fast Track  HEAP WPO  ECIP WPO

Base Benefit \$ \_\_\_\_\_ Supplement \$ \_\_\_\_\_ Total Benefit \$ \_\_\_\_\_

Total Energy Cost \$ \_\_\_\_\_ Energy Burden \_\_\_\_\_

Energy Services Restored after disconnection:  Yes  No Disconnection of Energy Services prevented:  Yes  No

Home Referred for WX:  Home Already Weatherized:

# Department of Community Services and Development

## Account Holder Authorization and Consent Form

CSD Form 081 (Rev. 12/17)

### ACCOUNT HOLDER NAME(S) AND MAILING ADDRESS

Account Holder's Full Name		
Account Holder's mailing address (Street)		Unit Number (if any)
(City)	State	Zip Code
Is the utility service address the same as the account holder's mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name of Applicant for Benefits (from Form 43)		
Utility Service Address (Street)		Unit Number (if any)
(City)	State CA	Zip Code

### UTILITY INFORMATION

Please enter your utility company name and service account number below (you can find the account number on your bill). If different companies provide your electricity and gas services, please enter the name and account number for both utilities.

Name of Utility Company	Service Account Number
Name of Utility Company (if you have a second Utility Company)	Service Account Number

### AUTHORIZATION AND CONSENT

By signing this form, you (Account Holder) give your authorization and consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to your utility company and its contractors, to share information about your property's utility account, meter usage and energy consumption data, and other information as needed for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. The information you authorize us to obtain and share will be used for the purposes of evaluating home energy usage of program beneficiaries so that CSD can: a) measure the effectiveness of the services we provide by determining how much your utility bills are reduced and how much our services reduce carbon emissions (air pollution), and b) report these results to federal and state authorities that fund and oversee energy assistance programs in California. CSD, its contractors, consultants, other federal or state agencies and affiliated programs (CSD Partners), working cooperatively with your utility company and its contractors, use this information to provide services that assist low-income families, such the applicant, to pay their home energy bills and manage those energy needs for the purposes stated in this Authorization.

Signature of Account Holder	Date	Name of CSD Contractor/Partner Organization
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### REVOCATION OF AUTHORIZATION AND CONSENT

You agree that your consent shall remain in effect for 36 months from the date you sign this Authorization, unless otherwise revoked by written notice mailed to: CSD Energy & Environmental Services Division, 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. Revocation will be effective upon receipt, but will not apply to any information shared while this Authorization was valid.

### APPLICABLE PROGRAMS

Some of the programs CSD oversees or partners with include:

- CSD Federal Low-Income Home Energy Assistance Program (LIHEAP)
- CSD Federal Department of Energy Weatherization Assistance Program (DOE WAP)
- State Low-Income Weatherization Program (LIWP)
- Department of Housing and Urban Development (HUD) Lead Hazard Control and Healthy Homes Program
- Utility Company Energy Savings Assistance (ESA) Program
- Utility Company California Alternate Rates for Energy (CARE) Program

## CERTIFICATION OF INCOME AND EXPENSES

*You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:*

**Name and Address**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Section 1: Do you have sources of income you forgot to report?**

YES	NO	During the previous month have you been employed part time?
YES	NO	During the previous month have you been self-employed?
YES	NO	During the previous month did you receive money for any work that you perform only once in a while, like yard work, child care, donating blood, etc?
YES	NO	During the previous month have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:
YES	NO	During the previous month did you receive any of the following: (circle any that apply)
		<input type="checkbox"/> WORKER'S COMP <input type="checkbox"/> UNEMPLOYME <input type="checkbox"/> GOVERNMENT SPONSORED BENEFITS <input type="checkbox"/> CHILD SUPPORT
YES	NO	Do you receive any of the following (circle any that apply)
		<input type="checkbox"/> ANNUITY <input type="checkbox"/> PENSION <input type="checkbox"/> TRIBAL CASINO PAYMENTS <input type="checkbox"/> RENTAL INCOME <input type="checkbox"/> INSURANCE BENEFITS

**Section 2: Are you spending your savings or borrowing money to cover monthly expenses?**

YES	NO	Are you using savings or a home equity loan? How much? _____
YES	NO	Are you using some other asset? How much? _____
YES	NO	Are you borrowing from credit cards? How much? _____
YES	NO	Are you borrowing from some other source? How much? _____

Put Notary stamp below, if needed (DOE only) or  
 have Executive Director Sign here

**Section 3: Please tell us how you paid these monthly expenses during the previous months:**

EXPENSE	MONTHLY COST	HOW HAS THE EXPENSE BEEN PAID?	IF SOMEONE ELSE PAYS FOR YOU, PLEASE COMPLETE:	
Rent or Mortgage	\$		Name: _____	Phone: _____
			Address: _____	
Utility Bills	\$		Name: _____	Phone: _____
			Address: _____	
Food	\$		Name: _____	Phone: _____
			Address: _____	

**Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:**


**Signature:**

By signing this form, I affirm that I believe these facts are accurate and true. I give the Service Provider my permission to verify this information.

I may be held liable under federal or state law for knowingly making false or fraudulent statements.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Energy and Environmental Services Department**

EES (8/18)

**CONFLICT OF INTEREST FORM**

You are being asked to complete this form because you requested Utility and/or Weatherization assistance. The State of California requires Community Action Partnership of Orange County (CAP OC) to establish safeguards to ensure its employees or its officers do not engage in actual or potential conflicts of interest. The applicable sections must be completed and returned with the Energy Intake form CSD 43 for processing. Program eligibility is solely based on income guidelines and program requirements. Your affiliation or employment with CAP OC will not be a determining factor for program eligibility.

I. Applicant Section		
First Name	Last Name	
Address	City	Zip Code
II. Affiliation Section		
Are you related or friends with an employee, board member or anyone affiliated with CAP OC?		
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what is the first and last name of the person? _____		
III. Program Participation Section		
Has anyone in your household applied for Utility Assistance in the same program year?		
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, what is the first and last name of the person? _____		
IV. Confirmation Section		
By signing this form, I affirm that I have answered all questions truthfully and to the best of my knowledge. I give Community Action Partnership permission to verify this information. I may be held liable under Federal and state law for knowingly making false or fraudulent statements.		
X		
*** APPLICANT'S SIGNATURE ***		TODAY'S DATE

Office Use Only	
Certified By:	Certified Date:
Assistance Type: <input type="checkbox"/> *WX & UA <input type="checkbox"/> UA <input type="checkbox"/> *WX	Benefit Amount:
Conflict of Interest Compliance	
Application Request for Processing: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
X	
*** DEPARTMENT DIRECTOR'S SIGNATURE ***	
Application Request for Processing: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
X	
*** PRESIDENT & CEO'S SIGNATURE ***	
Date Entry Completed & Exported By:	Date:



**!! PLEASE SUBMIT THIS PAGE WITH YOUR COMPLETED APPLICATION !!**

**INSTRUCTIONS:**

Please fill out the chart below with information for each household member. Either write in or circle your answer. Use the key to determine the number that corresponds with your choice for the different categories. M means MALE, F means FEMALE. Y means YES, N means NO. DISCONNECTED YOUTH is defined as youth ages 14-24 who are neither in school nor working.

**ARE YOU A RENTER OR OWNER? PLEASE CIRCLE** Renter Owner

Household Member Name	Gender	Disabled	Disconnected Youth	Health Insurance (Type)	Work Status	Military Status	Education Level	Race	Ethnicity	Ethnicity Subcategory	Language
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							
	M F Other	Y N	Y N	Y N							

**KEY**

**HEALTH INSURANCE**

- 1 - Direct Purchase
- 2 - Employment-Based
- 3 - Medicaid
- 4 - Medicare
- 5 - Military Health Care
- 6 - State Children's Health Ins Program
- 7 - State Health Ins for Adults

**WORK STATUS**

- 1 - Employed Full-Time
- 2 - Employed Part-Time
- 3 - Migrant Seasonal Farm Worker
- 4 - Unemployed (Short-Term, 6 mo or less)
- 5 - Unemployed (Long-Term, more than 6 mo)
- 6 - Unemployed (Not in Labor Force)
- 7 - Retired

**MILITARY STATUS**

- 1 - Veteran
- 2 - Active Military
- 3 - Not Military

**EDUCATION LEVEL**

- 1 - Grades 0-8
- 2 - Grades 9-12/Non-grad
- 3 - High school grad/ equivalency
- 4 - 12th grade + some post-secondary
- 5 - 2 or 4 years college grad
- 6 - Graduate or other post-secondary school

**RACE**

- 1 - American Indian or Alaska Native
- 2 - Asian
- 3 - Black or African American
- 4 - Native Hawaiian/ Other Pacific Islander
- 5 - White
- 6 - Other
- 7 - Multi-Race

**ETHNICITY**

- 1 - Hispanic, Latino or Spanish Origin
- 2 - Not Hispanic, Latino or Spanish Origin

**ETHNICITY SUBCATEGORY**

- ASIAN:
  - 1 - Asian Indian
  - 2 - Chinese
  - 3 - Filipino
  - 4 - Japanese
  - 5 - Korean
  - 6 - Vietnamese
  - 7 - Other Asian
- HISPANIC LATINO:
  - 8 - Central/ South American
  - 9 - Cuban
  - 10 - Dominican
  - 11 - Mexican, Chicano
  - 12 - Other Spanish/ Latino
  - 13 - Puerto Rican
- NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER:
  - 14 - Native Hawaiian
  - 15 - Guamanian or Chamorro
  - 16 - Samoan
  - 17 - Other Pacific Islander
  - 18 - Other Asian

**LANGUAGE**

- 1 - Afrikaans
- 2 - Arabic
- 3 - Armenian
- 4 - Chinese
- 5 - English
- 6 - Farsi
- 7 - French
- 8 - Greek
- 9 - Hebrew
- 10 - Hindi
- 11 - Japanese
- 12 - Korean
- 13 - Pashto
- 14 - Polish
- 15 - Portuguese
- 16 - Punjabi
- 17 - Russian
- 18 - Spanish
- 19 - Turkish
- 20 - Urdu
- 21 - Vietnamese
- 22 - OTHER

Our agency collects this information to help us receive funding for our programs for the community.