REGISTRATION FORM: SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE

PEOPLE HELPING PEOPLE PHP CHANGING LIVES FOR THE BETTER

DATE:_____

LAST NAME:_____**FIRST NAME**:_____**M.I.** _____

ADDRESS:_____
NUMBER & STREET CITY STATE ZIP CODE

MAILING ADDRESS: _____
(**IF DIFFERENT FROM ABOVE)** NUMBER & STREET CITY STATE ZIP CODE

HOME PHONE: _____**ALT. HOME** :_____

HOUSING: APARTMENT □ HOUSE □ MOBILE HOME □ HOTEL/MOTEL □ OTHER:_____

DO YOU: OWN □ RENT □ HOMELESS □ OTHER_____ **DO YOU LIVE IN A SHARED HOUSING?**: YES □ NO □

SINGLE FEMALE HEAD OF HOUSEHOLD?: YES □ NO □ N/A □ **SINGLE MALE HEAD OF HOUSEHOLD?: Y**ES □ NO □ N/A □

TRANSPORTATION: CAR □ PUBLIC □ FRIEND/RELATIVE □ BICYCLE □ NONE □ **DO YOU HAVE THE RIGHT TO WORK IN THE U.S.:** YES □ NO □

ARE BOTH BIOLOGICAL PARENTS LIVING IN THE HOME? YES □ NO □ N/A□ **ARE YOU RELATED TO SOMEONE WHO WORKS FOR PHP?** YES □ NO □

REFERRED BY: SELF □ SCHOOL □ HEALTH CARE PROVIDER □ CHURCH □ SOCIAL SERVICE ORG. □ FRIEND/RELATIVE □ OTHER: _____

WHAT SOCIAL SERVICES IS YOUR FAMILY CURRENTLY RECEIVING? MEDI-CAL □ WIC □ CALFRESH/FOOD STAMPS □ CalWORKS□ Disability □

OTHER:_____ **HAVE YOU RECEIVED SERVICES IN THE PAST FROM PEOPLE HELPING PEOPLE?:** YES □ NO □

IF YES WHAT SERVICES?:_____ **ARE YOU A VETERAN:** YES □ NO □

HOUSEHOLD MEMBER INFORMATION. PLEASE LIST ALL FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD (ADDITIONAL PAGES)

HOUSEHOLD MEMBER #1

First Name_____**SELF**_____

Gender _____ **DOB**_____**AGE**_____

Name of Health Insurance_____ **Employer and/or School**_____

Gross Monthly Income_____ **Income Source (check all that apply)**: Employment □ Child Support □

Unemployment □ Social Security □ Soc. Sec. Disability □ VA Benefits □ CalWorks □ Other Public Assist. □ Other: _____

Frequency: Weekly □ Every 2 weeks □ Twice Monthly □ Monthly □ **What is your occupation?**_____

Race/Ethnicity (check that most applies) White □ Black/African American □ American Indian/Alaskan Native □

Native Hawaiian/Pacific Islander □ American Indian/Alaskan Native & White □ Asian/White □ Black/African American & White □

American Indian/Alaskan Native & Black/African American □ Other multi-racial □ **Hispanic/Latino Heritage**: Yes □ No □

Language: English □ Spanish □ English/Spanish □ Mixteco/Triqui□ Other □ **Country of Citizenship:**_____

Marital Status: Married □ Divorced □ Single □ Domestic Partner □ Separated □ Widowed □

Highest Level of Education Completed: Elementary/Middle□ Some High School□ High School Diploma/GED □ Some College □ AA □

FOR OFFICE USE ONLY

1° CLIENT-MOTHER'S MAIDEN NAME OR FATHER'S LAST NAME & DOB

_____

TOTAL HOUSEHOLD INCOME:_____ **INCOME MUST BE VERIFIED ON CDEBG ONLINE CALCULATOR AND INCLUDED IN CASE FILE**

INCOME VERIFIED FOR MEMBERS OVER 18: ❑YES ❑NO FAMILY DEVELOPMENTAL MATRIX: ❑YES ❑NO

INTAKE & CASE NOTE ENTERED ON SALESFORCE_____ STAFF NAME:_____SUPERVSIOR.:_____ revised 6/23/15

REGISTRATION FORM: SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE

PEOPLE HELPING PEOPLE PHP CHANGING LIVES FOR THE BETTER

HOUSEHOLD MEMBER INFORMATION. PLEASE LIST ALL FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD (ADDITIONAL PAGES)

HOUSEHOLD MEMBER #2

First Name _____ **Last Name** _____

Relationship_____**Gender**_____ **Date of Birth**_____ **AGE**_____

Name of Health Insurance_____ **Employer and/or School**_____

Gross Monthly Income_____ **Income Source (check all that apply)**: Employment □ Child Support □ Unemployment □ Social Security □ Soc. Sec. Disability □ VA Benefits □ CalWorks □ Other Public Assist. □ Other: **A VETERAN:** YES □ NO □

Frequency: Weekly □ Every 2 weeks □ Twice Monthly □ Monthly □ **HAVE THE RIGHT TO WORK IN THE U.S.:** YES □ NO □

Race/Ethnicity (check that most applies) White □ Black/African American □ American Indian/Alaskan Native □ Native Hawaiian/Pacific Islander □ American Indian/Alaskan Native & White □ Asian/White □ Black/African American & White □ American Indian/Alaskan Native & Black/African American □ Other multi-racial □ **Hispanic/Latino Heritage**: Yes □ No □

Language: English □ Spanish □ English/Spanish □ Mixteco/Triqui□ Other □ **Country of Citizenship:**_____

Marital Status: Married □ Divorced □ Single □ Domestic Partner □ Separated □ Widowed □

Highest Level of Education Completed: Elementary/Middle□ Some High School□ High School Diploma/GED □ Some College □ AA □ College Degree □ Master's Degree □ Trade Vocational Training □ **Farm or Vineyard Worker:** Yes □ No □

HOUSEHOLD MEMBER #3

First Name _____ **Last Name** _____

Relationship_____**Gender**_____ **Date of Birth**_____ **AGE**_____

Name of Health Insurance_____ **Employer and/or School**_____

Gross Monthly Income_____ **Income Source (check all that apply)**: Employment □ Child Support □ Unemployment □ Social Security □ Soc. Sec. Disability □ VA Benefits □ CalWorks □ Other Public Assist. □ Other: **A VETERAN:** YES □ NO □

Frequency: Weekly □ Every 2 weeks □ Twice Monthly □ Monthly □ **HAVE THE RIGHT TO WORK IN THE U.S.:** YES □ NO □

Race/Ethnicity (check that most applies) White □ Black/African American □ American Indian/Alaskan Native □ Native Hawaiian/Pacific Islander □ American Indian/Alaskan Native & White □ Asian/White □ Black/African American & White □ American Indian/Alaskan Native & Black/African American □ Other multi-racial □ **Hispanic/Latino Heritage**: Yes □ No □

Language: English □ Spanish □ English/Spanish □ Mixteco/Triqui□ Other □ **Country of Citizenship:**_____

Marital Status: Married □ Divorced □ Single □ Domestic Partner □ Separated □ Widowed □

Highest Level of Education Completed: Elementary/Middle□ Some High School□ High School Diploma/GED □ Some College □ AA □ College Degree □ Master's Degree □ Trade Vocational Training □ **Farm or Vineyard Worker:** Yes □ No □

HOUSEHOLD MEMBER #4

First Name _____ **Last Name** _____

Relationship_____**Gender**_____ **Date of Birth**_____ **AGE**_____

Name of Health Insurance_____ **Employer and/or School**_____

Gross Monthly Income_____ **Income Source (check all that apply)**: Employment □ Child Support □ Unemployment □ Social Security □ Soc. Sec. Disability □ VA Benefits □ CalWorks □ Other Public Assist. □ Other: **A VETERAN:** YES □ NO □

Frequency: Weekly □ Every 2 weeks □ Twice Monthly □ Monthly □ **HAVE THE RIGHT TO WORK IN THE U.S.:** YES □ NO □

Race/Ethnicity (check that most applies) White □ Black/African American □ American Indian/Alaskan Native □ Native Hawaiian/Pacific Islander □ American Indian/Alaskan Native & White □ Asian/White □ Black/African American & White □ American Indian/Alaskan Native & Black/African American □ Other multi-racial □ **Hispanic/Latino Heritage**: Yes □ No □

Language: English □ Spanish □ English/Spanish □ Mixteco/Triqui□ Other □ **Country of Citizenship:**_____

Marital Status: Married □ Divorced □ Single □ Domestic Partner □ Separated □ Widowed □

Highest Level of Education Completed: Elementary/Middle□ Some High School□ High School Diploma/GED □ Some College □ AA □ College Degree □ Master's Degree □ Trade Vocational Training □ **Farm or Vineyard Worker:** Yes □ No □

REGISTRATION FORM: SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE

PEOPLE HELPING PEOPLE PHP CHANGING LIVES FOR THE BETTER

HOUSEHOLD MEMBER INFORMATION. PLEASE LIST ALL FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD (ADDITIONAL PAGES)

HOUSEHOLD MEMBER #5

First Name _____ **Last Name** _____

Relationship_____**Gender**_____ **Date of Birth**_____ **AGE**_____

Name of Health Insurance_____ **Employer and/or School**_____

Gross Monthly Income_____ **Income Source (check all that apply)**: Employment □ Child Support □ Unemployment □ Social Security □ Soc. Sec. Disability □ VA Benefits □ CalWorks □ Other Public Assist. □ Other: **A VETERAN:** YES □ NO □

Frequency: Weekly □ Every 2 weeks □ Twice Monthly □ Monthly □ **HAVE THE RIGHT TO WORK IN THE U.S.:** YES □ NO □

Race/Ethnicity (check that most applies) White □ Black/African American □ American Indian/Alaskan Native □ Native Hawaiian/Pacific Islander □ American Indian/Alaskan Native & White □ Asian/White □ Black/African American & White □ American Indian/Alaskan Native & Black/African American □ Other multi-racial □ **Hispanic/Latino Heritage**: Yes □ No □

Language: English □ Spanish □ English/Spanish □ Mixteco/Triqui□ Other □ **Country of Citizenship:**_____

Marital Status: Married □ Divorced □ Single □ Domestic Partner □ Separated □ Widowed □

Highest Level of Education Completed: Elementary/Middle□ Some High School□ High School Diploma/GED □ Some College □ AA □ College Degree □ Master's Degree □ Trade Vocational Training □ **Farm or Vineyard Worker:** Yes □ No □

HOUSEHOLD MEMBER #6

First Name _____ **Last Name** _____

Relationship_____**Gender**_____ **Date of Birth**_____ **AGE**_____

Name of Health Insurance_____ **Employer and/or School**_____

Gross Monthly Income_____ **Income Source (check all that apply)**: Employment □ Child Support □ Unemployment □ Social Security □ Soc. Sec. Disability □ VA Benefits □ CalWorks □ Other Public Assist. □ Other: **A VETERAN:** YES □ NO □

Frequency: Weekly □ Every 2 weeks □ Twice Monthly □ Monthly □ **HAVE THE RIGHT TO WORK IN THE U.S.:** YES □ NO □

Race/Ethnicity (check that most applies) White □ Black/African American □ American Indian/Alaskan Native □ Native Hawaiian/Pacific Islander □ American Indian/Alaskan Native & White □ Asian/White □ Black/African American & White □ American Indian/Alaskan Native & Black/African American □ Other multi-racial □ **Hispanic/Latino Heritage**: Yes □ No □

Language: English □ Spanish □ English/Spanish □ Mixteco/Triqui□ Other □ **Country of Citizenship:**_____

Marital Status: Married □ Divorced □ Single □ Domestic Partner □ Separated □ Widowed □

Highest Level of Education Completed: Elementary/Middle□ Some High School□ High School Diploma/GED □ Some College □ AA □ College Degree □ Master's Degree □ Trade Vocational Training □ **Farm or Vineyard Worker:** Yes □ No □

HOUSEHOLD MEMBER #7

First Name _____ **Last Name** _____

Relationship_____**Gender**_____ **Date of Birth**_____ **AGE**_____

Name of Health Insurance_____ **Employer and/or School**_____

Gross Monthly Income_____ **Income Source (check all that apply)**: Employment □ Child Support □ Unemployment □ Social Security □ Soc. Sec. Disability □ VA Benefits □ CalWorks □ Other Public Assist. □ Other: **A VETERAN:** YES □ NO □

Frequency: Weekly □ Every 2 weeks □ Twice Monthly □ Monthly □ **HAVE THE RIGHT TO WORK IN THE U.S.:** YES □ NO □

Race/Ethnicity (check that most applies) White □ Black/African American □ American Indian/Alaskan Native □ Native Hawaiian/Pacific Islander □ American Indian/Alaskan Native & White □ Asian/White □ Black/African American & White □ American Indian/Alaskan Native & Black/African American □ Other multi-racial □ **Hispanic/Latino Heritage**: Yes □ No □

Language: English □ Spanish □ English/Spanish □ Mixteco/Triqui□ Other □ **Country of Citizenship:**_____

Marital Status: Married □ Divorced □ Single □ Domestic Partner □ Separated □ Widowed □

Highest Level of Education Completed: Elementary/Middle□ Some High School□ High School Diploma/GED □ Some College □ AA □ College Degree □ Master's Degree □ Trade Vocational Training □ **Farm or Vineyard Worker:** Yes □ No □

REGISTRATION FORM: SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE

PEOPLE HELPING PEOPLE PHP CHANGING LIVES FOR THE BETTER

HOUSEHOLD MEMBER INFORMATION. PLEASE LIST ALL FAMILY MEMBERS LIVING IN YOUR HOUSEHOLD (ADDITIONAL PAGES)

HOUSEHOLD MEMBER #8

First Name _____ **Last Name** _____

Relationship_____**Gender**_____ **Date of Birth**_____ **AGE**_____

Name of Health Insurance_____ **Employer and/or School**_____

Gross Monthly Income_____ **Income Source (check all that apply)**: Employment □ Child Support □ Unemployment □ Social Security □ Soc. Sec. Disability □ VA Benefits □ CalWorks □ Other Public Assist. □ Other: **A VETERAN:** YES □ NO □

Frequency: Weekly □ Every 2 weeks □ Twice Monthly □ Monthly □ **HAVE THE RIGHT TO WORK IN THE U.S.:** YES □ NO □

Race/Ethnicity (check that most applies) White □ Black/African American □ American Indian/Alaskan Native □ Native Hawaiian/Pacific Islander □ American Indian/Alaskan Native & White □ Asian/White □ Black/African American & White □ American Indian/Alaskan Native & Black/African American □ Other multi-racial □ **Hispanic/Latino Heritage**: Yes □ No □

Language: English □ Spanish □ English/Spanish □ Mixteco/Triqui□ Other □ **Country of Citizenship:**_____

Marital Status: Married □ Divorced Single □ Domestic Partner □ Separated Widowed □

Highest Level of Education Completed: Elementary/Middle□ Some High School□ High School Diploma/GED □ Some College □ AA □ College Degree □ Master's Degree □ Trade Vocational Training □ **Farm or Vineyard Worker:** Yes □ No □

SUPPORT SERVICES NEEDED:

BASIC NEEDS: Clothing □ Food □ Housing □ Transportation □ Child Care □

LEGAL: Child Custody/Support □ Immigration/Citizenship □ Tenant Rights □ Restraining Order □ Other □

EDUCATION: GED/High School Diploma □ ESL Classes □ Job Training □ College □ Adult Literacy □ Other □

HEALTH: Health Insurance Enrollment □ Dental Insurance Enrollment □ Nutrition Services □ Postpartum Depression □ Prenatal Classes □ Substance Abuse □ Mental Health □ Stress Management □ Counseling (grief, depression, job stress) Other □

For parents with children 0-5 years old:

Has your child been in day care before? Yes □ No□ If so, for how long?_____ Name of Provider:_____

If not, who has been providing child care (parent, grandparent)? _____

REASON FOR SEEKING ASSISTANCE FROM PHP : _____

_____

CLIENT AGREEMENT

I understand that I am responsible for cooperating with the Family Services Advocate and for keeping my appointments or calling to cancel them in a timely manner. I also understand that if I fail to follow through, I will not be able to fully achieve my goals.

I certify that the above information is true and correct to the best of my knowledge and all information furnished on this form and/or through interview(s) is subject to verification. I herby authorize People Helping People to very such information. I further understand that any false claim or receipt of funds or other assistance from People Helping People based on false information may be considered theft and/or fraud.

CLIENT SIGNATURE:_____**DATE**:_____

STAFF SIGNATURE :_____**DATE**:_____

PEOPLE HELPING PEOPLE
PHP
CHANGING LIVES FOR THE BETTER

STATEMENT OF CLIENT'S RIGHTS

Client Name: _____D.O.B.: _____

People Helping People has an obligation to ensure that the rights of clients are protected. Each person participating in a PHP program shall have and may exercise the following rights:

- To be treated with respect and dignity in your interactions with all PHP staff,
- To be provided safe, healthy and comfortable facilities,
- NOT to be subjected to any sort of punishment, humiliation or mental abuse,
- To receive services with no discrimination on the basis of race, creed, color, gender, national origin, handicap, disability or any other characteristic,
- To the confidential treatment of all communications and records regarding your participation in this program. (Any exceptions to this are described in your Consent to Treatment.),
- To have a copy of PHP's "Notice of Privacy Practices Guide" that outlines your rights under The Health Information Portability and Accountability Act (HIPAA),

_____ I have received a copy of PHP's" Privacy Practices Guide for Protected Health Information".

- If you are a client with MediCal, you have the right to a fair hearing related to denial, termination or reduction of counseling services under Title 22, California Code of Regulations.

If you think you are not being treated fairly or properly, take the following steps:

- First try discussing the matter with your case manager or counselor. If that step does not resolve the situation to your satisfaction, you should contact your Case Manager's or Counselor's Supervisor or the Program Manager.
  Supervisor Name: **Arcelia Sención** **Phone: 686-7353**
  Supervisor Name: **Justin Wilkins** **Phone: 686-0295**
- If you are still not pleased with the outcome you may contact the Executive Director of PHP, whose decision regarding your complaint will be final.
  Executive Director: **Dean Palius** **Phone: 686-0295**

Please Circle Your Answers:

Did you receive a copy of this Client's Right statement?	Yes	No
Did you read it?	Yes	No
Did anyone employed by PHP discuss these rights with you?	Yes	No
Do you believe you understand your rights and responsibilities?	Yes	No

Client Signature:_____Date:_____

If Client is minor, Signature if Parent or Guardian Signature:_____Date:_____

PHP Staff Signature:_____Date:_____

PEOPLE HELPING PEOPLE
PHP
CHANGING LIVES FOR THE BETTER

CONSENT FOR SERVICES

Client Name: _____ D.O.B.: _____

The mission of PHP is to promote the health and well-being of individuals, families and seniors that qualify for PHP's services. PHP will attempt to assist you with information, services and referrals that will help you with your current situation. We ask that you read and understand the following information:

1. It is expected that you will benefit from PHP's services if you actively participate with your Family Service Coordinator(s) to address problems that may prevent you from achieving self-sufficiency.

2. PHP is in compliance with the Federal Health Insurance Portability and Accountability Act (HIPPA) of 1996* as well as the State of CA Welfare & Institutions Code §10850*, which are intended to protect the confidentiality of information collected about you and your family. This means that all records of your services and health related information will be kept private and information will not be released without your written consent except under the following circumstances:

- When your Family Services Coordinator believes that;
  You may be a danger to yourself or to another person,
  A crime will be committed, or
  There is a risk of damage to property.
- To appropriate authorities when child, dependent adult or elder abuse is observed or suspected.
- You request specific information about your services and/or health care, unless the release of information to you is deemed harmful to your family and/or your child(ren),
- You consent to the release in writing,
- The disclosure is required by law,
- The disclosure is made to medical personnel in an emergency, or
- The disclosure is made to designated PHP personnel for the purpose of program supervision,
- The disclosure is made to authorized personnel for the purposes of program audit, program evaluation and/or payment.

3. You have a right to accept, refuse or stop PHP services at any time.

4. You have a right to restrict the use or disclosure of your information, except as outlined above.

5. You have the right to know whom information has been disclosed to for a period of up to six years.

I have read the above and it has been explained to my satisfaction. I agree to participate in case management services and I understand the limits of confidentiality. I understand that I can revoke my consent for services or to share information about my child or family at any time. I acknowledge that I have received a copy of this agreement.

Client Signature:_____ Date:_____

If a Minor, Parent or Guardian Signature:_____ Date:_____

PHP Staff Signature:_____ Date:_____

Santa Ynez Valley People Helping People
545 North Alisal Road • Solvang • CA, 93463 • Phone: (805) 686-0295 • Fax: (805) 686-2856

PEOPLE HELPING PEOPLE
PHP
CHANGING LIVES FOR THE BETTER

CONSENT TO RELEASE AND EXCHANGE CLIENT INFORMATION

Name_____ Date of Birth_____

Social Security No. _____ Other I.D. _____

I, the undersigned, hereby authorize Santa Ynez Valley People Helping People, and the agencies / organizations as initialed below, to release and exchange information obtained in the course of counseling and casework regarding: _____

I understand that the information obtained by the listed agencies / organizations will be shared and used for screening, assessing, planning and facilitating the delivery of appropriate human and social services. My written consent on this document indicates that I understand that ALL agencies / organizations listed below may share records and information, including but not limited to:

- Family History
- Educational Evaluations & Services
- Psychological Evaluations & Treatments
- Social History
- Medical Evaluations & Treatments
- Developmental History
- School Performance
- Other (specify) _____

Initial

[ ] School Personnel including Nurse, Teacher_____
_____
[ ] Therapist(s)_____
[ ] Cal-Works / Medi-Cal/WIC
[ ] Family First
[ ] County Education Child Development Programs
[ ] Adult Protective Services
[ ] Child Welfare Services
[ ] SY Tribal Health Clinic
[ ] Head Start/Community Action Commission
[ ] SB County Department of Social Services
[ ] SB County Drug Alcohol, Drug & Mental Health Services

Initial

[ ] California Children's Services
[ ] Child Abuse Listening and Mediation (CALM)
[ ] First 5 Santa Barbara County
[ ] Family Service Agency of Santa Barbara
[ ] Health Linkages
[ ] Sojourn Services
[ ] TCRC (Tri-Counties Regional Center)
[ ] UCSB Autism Clinic
[ ] SB County Health Care Services
[ ] Employer _____
[ ] Adopt a School Program
[ ] Other (please specify) _____
_____

The information being requested may be confidential and protected from disclosure by Federal and State law, including but not limited to THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) § 10850 and the CALIFORNIA WELFARE & INSTITUTIONS Code, Section 5328 and 42, U.S.C. §§ 290 dd-3 and 290 ee-3 and 42 C.F.R., § 2.1. By signing this Consent to Release Information I understand that PHP and providers initialed above may disclose that confidential services have been / are being provided.

This release *will be valid for 12 months from signature date* of Client and/or Guardian, unless it is revoked by the Client and/or Guardian. The Client and /or Guardian may revoke this authorization at any time, by furnishing *written notice* of revocation.

I hereby release and hold harmless all of the agencies/organizations designated in this document from any and all liability and claims of any kind, related to the release and sharing of information and/or for providing transportation, as described in the foregoing, provided by any/all of the agencies and/or organizations indicated.

Client Signature:_____Date:_____

If client is a minor, signature Parent or Guardian Signature:_____Date:_____

PHP Staff Signature:_____Date:_____

PEOPLE HELPING PEOPLE
PHP
CHANGING LIVES FOR THE BETTER

Self-Certification Form

Organization: Santa Ynez Valley People Helping People

Program or Service: _____

Client Name _____ Date:_____

Race and Ethnicity: check the one that most applies

White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native & White ☐	Asian/White ☐ Black/African American & White ☐ American Indian/Alaskan Native & Black/African American ☐ Other multi-racial ☐

Hispanic Heritage: ☐ yes ☐ No

Income: Check family size AND total household income. Find your household size on first line, then identify the annual income closest to but not lower than your household income

Household Size	**1 Person** ☐	**2 Person** ☐	**3 Person** ☐	**4 Person** ☐	**5 Person** ☐	**6 Person** ☐	**7 Person** ☐	**8 Person** ☐
Annual Income								
30% AMI*	15,900 ☐	18,200 ☐	20,450 ☐	22,700 ☐	24,550 ☐	26,350 ☐	28,150 ☐	30,000 ☐
50% AMI	26,500 ☐	30,300 ☐	34,100 ☐	37,850 ☐	40,900 ☐	43,950 ☐	46,950 ☐	50,000 ☐
60% AMI	31,800 ☐	36,360 ☐	40,920 ☐	45,420 ☐	49,080 ☐	52,740 ☐	56,340 ☐	60,000 ☐
80% AMI	42,400 ☐	48,450 ☐	54,500 ☐	60,550 ☐	65,400 ☐	70,250 ☐	75,100 ☐	79,950 ☐

* Area Median Income

Client Signature:_____Date:_____

PHP Staff Signature:_____Date:_____

PEOPLE HELPING PEOPLE

PHP

CHANGING LIVES FOR THE BETTER

Consent to Email and/or Text Message

Clients may be contacted via email and/or text messaging to remind you about an appointment, provide general family support services and information.

By initialing below you consent to receive reminders and other information/communication related to my care at PHP via email and/or text messaging.

_____ (Client Initials) I consent to receive text messages and any number forwarded or transferred from PHP.

The cell phone number that I authorize to receive text messages for appointment reminders, provide general family support services and information is:

(_____) _____-_____

_____ (Client Initials) I consent to receiving emails, to receive communications as stated above.

The email that I authorize to receive email messages for appointment reminders, provide general family support services and information is:

_____

Client Signature:_____Date:_____

PHP Staff Signature:_____Date:_____