

ATTACHMENT B: REQUIRED CITY OF BERKELEY INTAKE ELEMENTS

AGE:

<input type="checkbox"/> 0 – 5 <input type="checkbox"/> 6 – 11 <input type="checkbox"/> 12 – 17 <input type="checkbox"/> 18 – 24	<input type="checkbox"/> 25 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 - 61 <input type="checkbox"/> 62 and over
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ETHNICITY (Please also make a selection from the “RACE” options in the next box)

Hispanic / Latino(a): Yes No

RACE:

<p>(Single Race Categories)</p> <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White	<p>(Multiple Race Categories)</p> <input type="checkbox"/> American Indian / Alaskan Native AND Black / African American <input type="checkbox"/> American Indian / Alaskan Native AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black / African American AND White <input type="checkbox"/> Other or Multiracial (please specify): _____
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OTHER CHARACTERISTICS

Check all that apply:

Female Male Other
 Single Female Headed Family Disabled* Homeless* Chronically Homeless*

**You must obtain verification or self-certification.*

CURRENT INCOME INFORMATION: (CIRCLE correct income level for the total household)

FY2024	Household Size					
Income Level	1	2	3	4	5	6
Poverty	\$15,550	\$17,750	\$20,000	\$22,200	\$24,000	\$25,750
Extremely Low (to 30% AMI)	\$31,050	\$35,500	\$39,950	\$44,350	\$47,900	\$51,450
Very Low (31-50% AMI)	\$51,800	\$59,200	\$66,600	\$73,950	\$79,900	\$85,800
Low (51-80% AMI)	\$78,550	\$89,750	\$100,950	\$112,150	\$121,150	\$130,100

Source: HUD User FY 2023 Income Limits Documentation System:
<https://www.huduser.gov/portal/datasets/il/il2022/2022summary.odn>
 Department of Health & Human Services (HHS) 2023 Federal Poverty Level Chart:
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

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INCOME CERTIFICATION

Interviewer: **Check** the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.

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|-----------------------------------|---|---|--|
| <input type="checkbox"/> CalWorks | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medi-CAL | <input type="checkbox"/> Tax Return (most recent return) |
| <input type="checkbox"/> SSI** | <input type="checkbox"/> Payroll Stub** | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Other ** _____ |

(**current-within 2 months)

Self certified. Please explain:

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development) and or City of Berkeley officials.

CLIENT

Client Printed Name

Parent/Client Signature

Date

INTERVIEWER

Interviewer Printed Name

Interviewer Signature

Date