

Date: \_\_\_\_\_

**Applicant/Head of Household Information**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**MI:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender:**  Male  Female  Transgender M->F  
 Transgender F->M  Non-Binary  Other

**Education Level:**  0 to 8th grade  9-12th grade/non-graduate  High School Graduate  GED  
 12 + some College  Associate's Degree  Bachelor's Degree  Graduate studies/Degrees

**Employment Status:**  Full Time  Part Time  Unemployed – 6months or less  
 Unemployed – more than 6months  Unemployed – not in the labor force  
 Migrant/Seasonal Farmworker  Retired

**Military Status:**  Veteran  Active Military Now  Never Served in the Military

**Health insurance?**  Yes  No

**If yes, what type:**  Medicaid  Medicare  Military Health Care  
 State Children's Health Ins. Program (CHIP)  State Health Insurance for Adults  
 Direct Purchase/Private Health Insurance - **List Provider if box checked:** \_\_\_\_\_  
 Employment Based - **List Provider if box checked:** \_\_\_\_\_

**Ethnicity:**  Hispanic, Latino(a)  Non-Hispanic, Latino(a)

**Race:**  White  Asian  Black or African American  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  Other  Multi-racial/Biracial

**Receive Benefits:**  No  Yes (if yes check all that apply)

**Non-Cash:**  Affordable Care Act Subsidy  Childcare Voucher  Housing Choice Voucher  HUD-VASH  
 LIHEAP  Permanent Supportive Housing  Public Housing  SNAP  WIC  Other

**Cash:**  Unemployment  Social Security  Pension  SSDI  SSI  TANF  EITC  Child Support  
 VA Service-Connected Disability Compensation  VA Non-Service Connected Disability Pension  
 Private Disability Ins.  Workers' Comp  Alimony/Spousal Support  other

**Characteristics:**  Disabled  Disconnected Youth (Youth between 12-24 who are neither working nor in school)

**Family Type:**  Single Person/Lives Alone  Two Parent Household  Single Parent/Female  
 Single Parent/Male  Two Adults/No Children  Other  
 Non-related Adults with Children  Multigenerational Household

**Contact:** Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

\_\_\_\_\_

**Income:** Total Household Income: \_\_\_\_\_  
Percent Poverty Level: \_\_\_\_\_

Number of Household Members: \_\_\_\_\_



## **Making Opportunity Count, Inc. Client Consent to Share Information Form**

This form is a Client Consent to Share Information between you and your family and Making Opportunity Count, Inc. Because information about you and your family is personal and private, it generally cannot be disclosed without your written consent. This form is intended to inform you about how your personal information will be disclosed by Making Opportunity Count, Inc. Your personal information will only be disclosed in accordance with this consent form and as required or allowed by law. Please review it carefully before signing.

Signing this form gives Making Opportunity Count, Inc. staff permission to share your personal information within Making Opportunity Count and to report your personal information to the entities that fund, audit, or evaluate Making Opportunity Count's programs as may be required. If there is a need for staff to disclose information about you or your family to other community organizations or service providers, you will be asked to sign a separate consent form at that time.

"Personal information," as used in this consent form, means any information concerning myself and/or my family which, because of name, identifying number, mark or description can be readily associated with me and/or my family, including:

- Biographic and Demographic Information (Name, Date of Birth, Social Security Number, Gender, Marital Status, Race, Ethnicity, Language, Education Level, Work Status, Household Type and Size, Housing Type, Disability Status, Military Status, Health Status, Health Provider and Health Insurance Information, Income and Benefit Information)
- Program Participation and Eligibility Information (Program Enrollment(s), Attendance and Service Records, Staff-Client Contact Logs)
- Information about Making Opportunity Count, Inc. staff's work and interactions with you and your family (Case Notes; Meeting Minutes; Individualized Service/Treatment/Education Plans; Assessment, Evaluation and Diagnostic Information)

What is the purpose of collecting my personal information and how will it be used?

Your personal information, as defined above, is used primarily to:

- determine eligibility for programs;
- provide a better and more comprehensive service experience to you and your family at Making Opportunity Count, Inc.;
- coordinate and manage services between programs within Making Opportunity Count, Inc.
  - For the WIC program, the chief State health officer may authorize the use and disclosure of information about your participation in the WIC program for non-WIC purposes. This information will be used by Making Opportunity Count, Inc., only in the administration of its programs that serve persons eligible for the WIC program; and
- to report to funders, auditors, monitors, and evaluators.

Your personal information may also be used for data analysis purposes. Analysis of client-level data enables the staff and Board of Directors at Making Opportunity Count, Inc. to better understand our clients, their strengths and needs, and the impact of our services on their lives. This deeper understanding allows Making Opportunity Count, Inc. staff and



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Board of Directors to make better decisions about where gaps in services exist, how to provide services to individual clients as well as to the community, and how to better allocate resources across programs.

### ***Do I have to sign this form?***

No, you are under no obligation to sign this form and have the right to refuse to sign this consent. Signing this consent is not a condition of eligibility for any of Making Opportunity Count, Inc.'s programs.

### ***If I sign, can I revoke it or withdraw my consent later?***

Yes, you may withdraw your authorization regarding the use and disclosure of your information at any time. If you wish to revoke this consent to collect and use your personal information, you must request this in writing to [request@mocinc.org](mailto:request@mocinc.org).

After you withdraw your consent, no additional information about your family will be shared, except to the extent that the law allows Making Opportunity Count, Inc. to continue using your information.  
*By signing below, I indicate that I understand that Making Opportunity Count, Inc. will maintain the confidentiality of the personal and financial information I provide about myself and my family members receiving services from Making Opportunity Count, Inc., except that Making Opportunity Count, Inc. may share the information within Making Opportunity Count, Inc. as necessary to provide services to me and my family, and to administer its programs. Making Opportunity Count, Inc. may disclose information as required by or upon request of government agencies and other entities that fund, regulate, audit, monitor or investigate Making Opportunity Count, Inc., and as authorized or required by law, legal process, or court order. For any other purpose, Making Opportunity Count, Inc. will only disclose information with my written consent.*

*Information that was collected by Making Opportunity Count, Inc. up to 1 year prior to the date on this form and throughout my participation in Making Opportunity Count, Inc. programs is included in my authorization.*

*I hereby certify that the information presented to Making Opportunity Count, Inc. staff is true and accurate to the best of my knowledge. I understand that providing false representation may constitute an act of fraud. Further, misleading, or incomplete information may result in denial or termination of services.*

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Client/Parent/Guardian Signature                      Date

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Client/Parent/Guardian Name (printed)