



REALITY CHANGERS

Fiscal Year 2021 CARES Act Public Services CDBG Grantee

Personal information requested below is confidential and will remain internal. We collect information directly from you with your permission as required by those funding our programs. As such, this information is required as it allows us to provide services free of charge and better understand the needs of our clients.

Part I: Required Confidential Client / Beneficiary HUD Demographic Data

CLIENT (STUDENT) NAME:					CLIENT UNIQUE IDENTIFIER #:		
CLIENT PHYSICAL ADDRESS:				CITY:		STATE:	ZIP:
TELEPHONE:	() —	EMAIL:					
CLIENT ETHNIC BACKGROUND (REQUIRED TO CHECK ONE):	<input type="checkbox"/> HISPANIC/LATINO	<input type="checkbox"/> NOT HISPANIC/LATINO	GENDER IDENTITY (OPTIONAL):	<input type="checkbox"/> FEMALE	IS CLIENT HEAD OF HOUSEHOLD?	<input type="checkbox"/> YES	
			<input type="checkbox"/> MALE			<input type="checkbox"/> NO	
			<input type="checkbox"/> NON-BINARY				
CLIENT RACIAL BACKGROUND (REQUIRED TO CHECK ONE):	<input type="checkbox"/> WHITE	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> ASIAN	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE & WHITE	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN	<input type="checkbox"/> ASIAN & WHITE
	<input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE	<input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		<input type="checkbox"/> OTHER MULTI-RACIAL	<input type="checkbox"/> BLACK/AFRICAN AMERICAN & WHITE		

Part II: Required Confidential Client / Beneficiary Income Certification. Must be completed and signed prior to the provision of services.

1) Number of Family Members & Gross Income: (REQUIRED)

My total family size consists of _____ members, and the total gross annual income* for all adult members is \$_____.

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aides, per 24 CFR 5.403). The IRS Stimulus payments are also not considered as income. However, certain types of COVID-19 unemployment insurance are considered as income. For help determining what types of unemployment insurance are considered income, please reach out to the assigned Project Manager.

2) Certification of COVID-19 hardship: (REQUIRED)

In order to be eligible, all clients receiving services must have been directly negatively impacted by the COVID-19 pandemic and are unable to access needed services provided by the Subrecipient CARES Act project. Please select at least one of the following (may select more than one as applicable):

- Tested positive for COVID-19 within the last month
- Unemployed (Job loss due to being laid off or previous place of employment closed due to the COVID-19 pandemic)
- Lack of access to affordable childcare services
- Food Insecurity (Unable to afford food as a direct result of the COVID-19 pandemic)
- Immunocompromised and unable to venture outside for daily necessities due to being in an at-risk population pool
- Lack of access to appropriate equipment for distance learning (Computers, laptop, high-speed internet, WiFi Hotspots)
- Loss of income and unable to save for college expenses (Household had reduced working hours/furloughed due to the COVID-19 pandemic)
- Mental health impact (e.g. Increase in anxiety, depression or stress as a result of the COVID-19 pandemic)
- Negative educational & socio-emotional impact
- Lack of productive workspace at home
- Loss of learning and social growth opportunities
- Other (Please specify by listing below):



REALITY CHANGERS

I certify that the information given on this form is complete and accurate to the best of my knowledge. I certify that I am at least 18 years of age or older. I am aware that there are penalties for willfully and knowingly giving false information on an application for federal funds, which may include immediate repayment of all Federal funds received and/or prosecution under the law. I understand that the information on this form is subject to review by City staff and federal personnel as part of compliance monitoring only.

Client Signature (or Parent/Guardian Signature if Client / Beneficiary is younger than 18 years old)

Date: _____

Client Printed Name (or Parent/Guardian Signature if Client / Beneficiary is younger than 18 years old)

Relation to client/beneficiary: _____