

**MEDA – Mission Promise Neighborhood
Participant & Co-Participant Intake Form**



Date: _____

CONTACT INFORMATION

First Name _____ MI _____ Last Name _____

Date of Birth: (MM/DD/YYYY) ____/____/____ Preferred Language _____

Mailing Address _____

City _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

What is the best way to contact you Home Cell What is the best time to call? Morning Afternoon Evening

DEMOGRAPHICS

Gender: Male Female Were you born in U.S.? Yes No What is the primary language spoken at home? _____

Ethnicity: Hispanic Non-Hispanic

Race: (check all that apply)

- American Indian/Alaskan Native Asian Black or African-American
- Native Hawaiian/Pacific Islander White Choose not to respond Other _____

Marital Status:

- Single Adult Single parent Married without dependents Married with dependents
- Divorced Separated Domestic partnership Other _____

Employment Status:

- Employed Full time Employed Part time Unemployed Self employed
- Retired Not working because of a disability Not employed by choice

Highest grade level completed:

- Less than High School High School/GED Some College 2-year College Degree (Associates)
- 4-year College Degree (BA, BS) Master's Degree or more

Current job title _____ Current school attending _____

HOUSEHOLD INFORMATION

What is your household's total annual income? _____

Please List all the adults that live in the household with you.

Co-Participant?

Full Name	Birthdate	Current Job/School	Relationship to you	Co-Participant? Yes/No

Please list all of the students currently living with you.

Child's Full Name	Birthdate	Current School of Attendance	Current Grade

SERVICES

Please check any benefits you are already participating in

- CalWorks Unemployment Benefits CalFresh Muni Lifeline Pass Phone Bill Discounts Other _____
 Medi-Cal Free/reduced school meals WIC SSI or SDI PG&E Discounts

Would you like to know if you qualify for any of the above benefits? Yes, please contact me with results No, thank you

Do you have internet at home? Yes No

Do you have a: Computer Laptop Tablet Smartphone

If you have children, do you have a place to go regularly for medical care when your child is sick? Yes No

If yes, where do you usually go? _____

What other programs are you interested in learning more about?

- Financial Capabilities - savings, debt, credit or budget Job Training/Readiness Early Childhood Education Parenting
 Free Tax Preparation Academic Support College
 Foreclosure Prevention Housing Counseling Computer training LEAD in construction training
 Buying a home Childcare Services English classes Starting/expanding a business
 Other _____

How did you hear about MEDA/Mission Promise Neighborhood?

- Brochure Internet Friend/Family Community Organization Newspaper TV School
 Radio Lender Realtor Government Agency Outreach Event MEDA Promotora

CO-PARTICIPANT INFORMATION

If you are attending a workshop or coaching along with another member or your family or household, please complete your name and contact information only if it is different from the main participant.

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