**INTRODUCTION:**

Please complete and review the Client Intake Form with all clients. Your participation in this process will help ensure proper completion and full understanding by clients of how information collected is protected and used by your organization and the Mayor’s Office of Housing and Community Development. It also ensures compliance with both federal and local regulations and requirements. This information is required for all MOHCD projects that are reporting client services. The demographic data is collected on this form is used to assess the impact and implementation of MOHCD’s Grant Programs in partnership with community-based organizations.

Your agency may use an alternate paper form or an electronic intake form if it 1) contains all required elements from the Client Intake Form, 2) can be printed out and 3) has been approved by your Program Officer.

**FORM INSTRUCTIONS:**

**All fields are required (unless they specifically say “Optional”)**

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|  | **Mayor’s Office of Housing and Community Development****2024-25 MOHCD Client Intake Form Instructions** |

## Client Name or ID - Either a complete client name or a unique identifier is required. You must contact your Program Officer to request the use of unique client identifiers.

**Street Address** – A full street address is required for most clients. For some client populations with extreme confidentiality concerns, an intersection may be used instead (i.e., Market Street and 6th Street). Contact your Program Officer to request the use of intersection rather than street address.

**Date of Birth** – This field is required. For client populations with extreme confidentiality concerns, a default date may be used only with the actual year of birth (i.e., 01/01/1975). Contact your Program Officer to request the use of incomplete Date of Birth information.

**Phone Number and Email Address** – These fields are optional

**RACE AND ETHNICITY:**

The purpose of the MOHCD guidelines for categorizing race and ethnicity is to have consistency in MOHCD reports on the delivery of MOHCD-funded programs and the program outcomes by race and ethnicity. MOHCD has revised these guidelines so that it can collect disaggregated race and ethnicity data on its program beneficiaries. The disaggregated data will better enable MOHCD to assess whether its programs are serving the intended beneficiaries and to evaluate how well the programs are meeting the needs of the intended beneficiaries.

The race and ethnicity categories that are listed represent MOHCD’s understanding of the race and ethnic breakdown of the low and moderate-income community in San Francisco, which is its primary target population. MOHCD recognizes that race and ethnicity categories are social constructs and that they are dynamic concepts, the meanings of which change based on the way individuals, communities and institutions identify themselves and others. The revised categories were developed with input from community groups. MOHCD’s approach to naming and categorizing races and ethnicities is intended to maintain consistency across programs and over time, so that data are as comparable and interpretable as possible, while also striving to reflect the way people and communities construct and experience their own identities. Individuals need to be able to see themselves and their communities reflected. Reviewers of data need to be confident that any MOHCD data reported by race and ethnicity are using the same terms to refer to the same groups.

**MOHCD Reporting to HUD:**

For programs that are supported with HUD funding, MOHCD is required to report demographic data on program beneficiaries to HUD. For the purposes of reporting to HUD, MOHCD must use the federal race and ethnicity guidelines, which use a two-part question in the following order:

1. Ethnicity determines whether a person is of Hispanic origin or not. For this reason, ethnicity is broken out in two categories, Hispanic or Latino and Not Hispanic or Latino. Hispanics must also be reported under a race as listed below.
2. Race is a person’s self-identification with one or more social groups. An individual can be reported as White, Black or African American, Asian, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, or Some Other Race. Multiple races can be reported.

The race and ethnicity reported will be mapped according to the federal definitions. If Latino is the only race/ethnicity selected, MOHCD will report the individual as Some Other Race for the purposes of reporting to HUD.

Clients should select all race and ethnicity categories that apply.

**MOHCD Race and Ethnicity Definitions:**

**Asian – Chinese:** A person having origins in any of the original peoples of China.

**Asian – Filipino:** A person having origins in any of the original peoples of the Philippines.

**Asian – Japanese:** A person having origins in any of the original peoples of Japan.

**Asian – Korean:** A person having origins in any of the original peoples of North or South Korea.

**Asian – Mongolian:** A person having origins in any of the original peoples of Mongolia.

**Asian – Central Asian:** A person having origins in any of the original peoples of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, or Uzbekistan.

**Asian – South Asian:** A person having origins in any of the original peoples of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, or Sri Lanka.

**Asian – Southeast Asian:** A person having origins in any of the original peoples of Brunei, Burma, Cambodia, Indonesia, Laos, Malaysia, Singapore, Thailand, or Vietnam.

**Black – African:** A person having origins in any of the black racial groups of Africa and from Africa.

**Black – African American:** A person having origins in any of the black racial groups of Africa and generally the descendants of the enslaved black people in the United States.

**Black – Caribbean, Central American, South American or Mexican:** A person having origins in any of the black racial groups of Africa and generally the descendants of the enslaved black people in the Caribbean, Central America, South America, or Mexico.

**Indigenous – American Indian/Native American:** A person having origins in any of the original peoples of North America.

**Indigenous – Indigenous from Mexico, the Caribbean, Central America, or South America:** A person having origins in any of the original peoples of Mexico, the Caribbean, Central America or South America.

**Latino – Caribbean:** A person having origins in the Caribbean.

**Latino – Central American:** A person having origins in Central America.

**Latino – Mexican:** A person having origins in Mexico.

**Latino – South American:** A person having origins in South America.

**Middle Eastern/West Asian or North African – North African:** A person having origins in any of the original peoples of Algeria, Egypt, Libya, Morocco, or Tunisia.

**Middle Eastern/West Asian or North African – West Asian:** A person having origins in any of the original peoples of Armenia, Azerbaijan, Bahrain, Cyprus, Georgia, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, or Yemen.

**Pacific Islander – Chamorro:** A person having origins in any of the original peoples of the Mariana Islands, including Guam.

**Pacific Islander – Native Hawaiian:** A person having origins in any of the original peoples of the Hawaiian Islands.

**Pacific Islander – Samoan:** A person having origins in any of the original peoples of Samoa.

**White – European:** A person having origins in any of the original people of Europe.

**GENDER IDENTITY AND SEXUAL ORIENTATION**

**Gender Identity Definitions:**

* **Female** - the behavioral, cultural, biological, or psychological traits typically associated with females
* **Male** - the behavioral, cultural, biological, or psychological traits typically associated with males
* **Genderqueer/Gender Non-binary** - two of many reclaimed gender identities among persons who do not subscribe to conventional gender distinctions; may feel their gender as neither, both, or some fluctuating combination of male/masculine and female/feminine genders.
* **Trans Female** - transgender women, transfeminine, or transwomen, sometimes referred to ‘male-to-female or MTFs
* **Trans Male** - transgender men, transmasculine, or transmen, sometimes referred to as female-to-male or FTMs
* **If not listed, please specify** - this category provides options for people to state their specific transgender identity (or identities), as well as an “additional category” which will help clarify the many possible transgender identities.

**VETERAN AND DISABILITY STATUS**

**Veteran Status Definition**

Veterans are men and women who have served (even for a short time), but are not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians are classified as nonveterans.

**Disability Status Definition**

A person with any one of the following six disability types is considered to have a disability:

* **Hearing difficulty:**  deaf or having serious difficulty hearing
* **Vision difficulty:**  blind or having serious difficulty seeing, even when wearing glasses
* **Cognitive difficulty:**  Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions
* **Ambulatory difficulty:**  Having serious difficulty walking or climbing stairs
* **Self-care difficulty:**  Having difficulty bathing or dressing
* **Independent living difficulty:**  Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor’s office or shopping

**FAMILY SIZE AND INCOME**

* “Family” includes, but is not limited to, the following regardless of actual or perceived sexual orientation, gender identity, or marital status: a single person or a group of persons residing together.
* Clients should indicate if they are a Single Headed Household or Dual Headed Household.
* Please ask clients to indicate the number of persons living in their household that make up their family (including themselves).
* “Total estimated income for the next 12 months for all adult members” includes income, public benefits, etc.
* The Income Level Chart has been removed from the Client Intake Form. The updated chart for 2023-24 is included below. The Income Level for the client will automatically calculated in GMS based on number of persons in the household and total estimated income.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family of: | 1person | 2persons | 3 persons | 4 persons | 5 persons | 6persons | 7persons | 8persons |
| Extremely Low Income | $0-41,150 | $0-47,000 | $0- 52,900 | $0-58,750 | $0- 63,450 | $0-68,150 | $0-72,850 | $0-77,550 |
| Low Income | $41,151-68,550 | $47,001-78,350 | $52,901-88,150 | $58,751-97,900 | $63,451-100,350 | $68,151-113,600 | $72,851-121,400 | $77,551-129,250 |
| Moderate Income | $68,551-109,700 | $78,351-125,350 | $88,151-141,000 | $97,901-156,650 | $105,750-169,200 | $113,601-181,750 | $121,401-194,250 | $129,251-206,800 |
| Above Moderate Income | $109,701or greater | $125,351 or greater | $141,001 or greater | $156,651 or greater | $169,201 or greater | $181,751 or greater | $194,251 or greater | $206,801 or greater |

**Income Certification for All Projects**

* **Staff should make best efforts to view income documents for all clients. Staff signature on the form serves as verification that all information on the form is accurate (including review of income certification documents).**
* The staff interviewer should first ask if the client receives any public benefits, and mark all that apply. This is also an opportunity to explore if there are other forms of public benefits that this client may be eligible for.
* Staff should then request to see one of the income documents listed, to answer “What source(s) of information were used to verify your income?” If one of the public benefits was selected and documentation was provided, please check the Public Benefits box.
* If the client is unable to produce an income document, staff will use the “Self-Certified” box and provide an explanation for why self-certification was necessary, and if the client does receive one of the income-qualified benefits listed. For example, “Client low-income and receiving CalFresh, but did not have documentation at time of interview.”
* If client brings income documents in at a later date, please update the form with that information.
* **If the agency is providing this service remotely, then clients served may be self-certified.** In this case, include in the self-certified explanation. For example, “Client low income and receiving CalFresh. Service provided remotely.”
* **In order to protect Personally Identifiable Information (PII), clients are not required to email income certification documents**

**Additional Income Certification Requirements for CDBG and HOPWA Projects**

* **IMPORTANT – For CDBG- and HOPWA-funded projects, agencies are required to make their best effort to view income certification documents, and to both collect and keep on file copies of these documents.**
* Failure to properly document income and collect a completed and signed form for over 50% of clients may result in the requirement to conduct a complete recertification of all clients from the year being audited (which may be a previous program year). Failure to recertify all clients can result in grantee having to repay the full CDBG or HOPWA grant amount.
* For CDBG grants, self-certification is primarily used for individuals who cannot access this type of information because of unique circumstances (for example, victims of domestic violence and/or homeless individuals) that prevent the client from presenting this information for review by staff interviewer.

## Signatures

* Signatures of **client** and interviewing **agency staff** are **required. If the service is provided remotely, only staff signature is required.**
* All youth 17 and under must have parent/guardian complete and sign the Family Income Verification Form.

**Notes For Youth 17 And Under**

* Client Information, Ethnicity and Race should reflect that of the youth, but Family Information, Current Income Information, and Income Certification should reflect that of the parent/guardian/family.
* All areas of the Family Income Verification Form are applicable to youth 17 and under.
* For CDBG grants, youth 17 and under must have parent/guardian verify this information.