

LODI CARE PACKAGE CLIENT SCREENING FORM

Office only
Received _____



(L.C.P. IN NOT AN ENTITLEMENT PROGRAM)

CLIENT INFORMATION DATE _____
Clients Name _____ Social Security # _____
Name on Bill _____ If name is different: reason _____
(Account cannot be in the name of a minor child)
Address _____ City _____ State _____ Zip _____
Home Phone # () _____ Work Phone # () _____
City of Lodi Account Number _____

(Maximum assistance will be \$110 electric utility component of the bill, in a six month period)

Monthly Income \$ _____ Rent/Mortgage \$ _____ # in Household _____

(Zero Income or Insufficient income after paying rent does not qualify: No resource to pay future bills)

Source of Income: Job _____ Unemployment _____ AFDC _____ SSI _____ SDI _____ CHILD SUPPORT _____

*Ethnicity: African American _____ Asian _____ Caucasian _____ Hispanic _____ Native American _____

Other _____

*Senior (62+) _____ Handicapped _____ Terminally ill _____ Referred by _____

Client Signature _____

CLIENT ELIGIBILITY

_____ City of Lodi account
_____ Has not received C.A.R.E. assistance in the last 6 months (please look on rolodex/computer)
_____ Client must pay all past due and charges not covered in the program prior to grant being applied
(cannot exceed electric - \$110)
_____ Client meets income guidelines ****SEE BACK OF PAGE**

***Unexpected expenses within last 60 days showing current hardship** _____

CLIENT ELIGIBILITY **CLIENT MUST BRING ORIGINAL COPIES**

_____ Current City of Lodi Utility Statement (shut off tags or deposit notices are NOT acceptable)
_____ ID and Social Security Cards for all members of household and driver's license or CA ID
_____ Proof of Current Income (Pay stubs, grant letters, Bank statements, etc.) handwritten notes are not acceptable
_____ Copy of rental agreement and/or rental receipt
_____ Proof of expenses resulting in inability to, or hardship in paying City of Lodi utility account: City of Lodi receipt for customer's co-payment, if applicable/necessary;

OFFICE USE ONLY Date Called _____ Time Called _____ Left Message _____
Date Called _____ Time Called _____ Left Message _____

QUALIFIED Appointment Date: _____ Time: _____

Please bring the following to your meeting **CLIENT MUST BRING ORIGINAL COPIES Clients Copy**

_____ Current City of Lodi Utility Statement (shut off tags or deposit notices are NOT acceptable)
_____ ID and Social Security Cards for all members of household and driver's license or CA ID
_____ Proof of Current income (Pay stubs, grant letters, Bank statements, etc.) handwritten notes are not acceptable
_____ Copy of rental agreement and/or rental receipt
_____ Proof of expenses resulting in inability to, or hardship in paying City of Lodi utility account:
_____ City of Lodi receipt for customer's co-payment, if applicable/necessary;

You will receive a phone call for an appointment ASAP Appointment date ____/____/____ time _____