

## Local Homless Prevention Application

Last Name	First Name	Email	
Date of Birth	Phone Number	Social Security Number/ITIN	
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
<b>Disability:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Served in the US Military:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Race</b>	<input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Native American:(tribe)	
<b>Please select the family Members Highest Level of Completed Education</b>	<input type="checkbox"/> High School <input type="checkbox"/> 9th Grade or Less <input type="checkbox"/> 11th Grade <input type="checkbox"/> Associate Degree <input type="checkbox"/> Postgraduate Education	<input type="checkbox"/> GED <input type="checkbox"/> 10th Grade <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree	
<b>Employment Status:</b>	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time
<b>Income: \$</b>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Monthly
<b>Family Size:</b>			
<b>Appllyng for:</b>	<input type="checkbox"/> Housing Stability	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Utility Assistance

Who we share the information with;



SJC LHCC must collect client information in UHMIS for program participation, even if you choose not to sign this form. However, information is shared with other providers only after you sign this consent form to release that information. For more information on how your information is protected and shared, please scan the QR code on this page or go to [UtahHMIS.org/For-Clients](http://UtahHMIS.org/For-Clients).