

# MISSOURI COMMUNITY ACTION MANAGEMENT INFORMATION SYSTEM

## **Client Consent—Release of Information**

The Missouri Community Action Management Information System (MIS) serves Missouri's Community Action Agencies, a network of partner agencies working together to provide services to low-income individuals and families in Missouri.

The information that is collected in the MIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

### **BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

I authorize the partner agencies and their representatives to share the following information regarding my family/household and me. I understand that this information is for the purpose of assessing our needs for employment, housing, utility assistance, food, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, assets, and/or other non-cash benefits I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my family/household.

### **I UNDERSTAND THAT:**

- Information I give concerning medical, physical or mental health will not be shared with other partner agencies in any way that identifies me.
- The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the MIS.
- Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- I have the right to request information about who has access to my information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end poverty.
- The release of my information for the MIS does not guarantee that I will receive assistance, and my refusal to authorize the use of my identifying information does not disqualify me from receiving assistance.
- This authorization will remain in effect unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement available at any partner agency.
- If I revoke my authorization all identifying information already in the database will remain, but will no longer be shared with partner agencies.

Partner Agencies: A list of the partner agencies within the Statewide Community Action Network may be viewed prior to signing this form.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Agency Personnel Name (please print)

\_\_\_\_\_  
Agency Personnel Signature

\_\_\_\_\_  
Date

This form may not be amended except by the MIS Steering Committee.

**MIS Rev. 7/14/06**

CUSTOMER INTAKE FORM

**PLEASE PRINT LEGIBLY**

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

<b>Name</b>	<b>Last 4 of SSN</b>	<b>Relation to Head of Household</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Disabled (Circle one)</b>	<b>Veteran (Circle one)</b>	<b>Marital Status (Circle one)</b>	<b>Highest Grade Completed</b>	<b>Primary Language</b>	<b>Race</b>
<i>TOMERHEAD OF</i>		<b>SELF</b>	/ /	M F O	Y N	Y N	S M D W			
			/ /	M F O	Y N	Y N	S M D W			
			/ /	M F O	Y N	Y N	S M D W			
			/ /	M F O	Y N	Y N	S M D W			
			/ /	M F O	Y N	Y N	S M D W			
			/ /	M F O	Y N	Y N	S M D W			

**Household Type (CIRCLE ONE):**  
**SPF:** Single Parent Female      **2A:** Two adults/no children  
**SPM:** Single Parent Male      **SP:** Single Person  
**TPH:** Two-Parent Household      **MH:** Multigenerational Household  
**NRA:** Non-related adults with children

**Housing Type (CIRCLE ONE):**  
**R:** Rent  
**O:** Own  
**H:** Homeless  
**S:** Sheltered

Customer understands that CAASTLC will not disclose Customer's Confidential Information to any other party without the prior written consent of Customer subject to the following exceptions: (A) to any of CAASTLC's employees, temporary workers, volunteers, interns, or practicum students ("personnel") provided such personnel has a legitimate need to know and has agreed to terms similar to those in this Consent; (B) to other program(s) within CAASTLC and/or to the government agency/ agencies which fund and/or audit CAASTLC program(s) in which I participate if such information is requested or required by such agency; (C) to medical personnel in an emergency; (D) to qualified personnel for research, audits, or program evaluation, as long as Customer identities are not identified; (E) to a third party based on a warrant, subpoena or court order; (F) to appropriate authorities in cases of suspected child abuse or neglect; and (G) to third party(s) for the purpose of referring Customer to such third party(s) for the purpose of providing additional service(s) to the Customer provided that such third party(s) has agreed to confidentiality terms similar to those contained in this Consent. Customer understands that Confidential Information does not include any image(s) from CAASTLC security camera footage that may be provided to law enforcement personal investigating an alleged incident. CAASTLC will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

Customer certifies that the information provided on this form is true and accurate to the best of Customer's knowledge and belief. Customer understands that such information is subject to verification and further realizes that falsified or fraudulent information may result in the rejection of this form.

Customer agrees to release to Community Action Agency of St. Louis County, Inc. (hereinafter "CAAATSLC") information that is confidential and proprietary to Customer ("Confidential Information"), to be used solely for CAAATSLC's related statistics, services and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of Customer or any related data. Confidential Information includes, for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records and all other pertaining to the family information. CAAATSLC will consider all information received from Customer to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Consent; except for information that is: (i) generally known to the public, (ii) in the possession of CAAATSLC before receipt from Customer, (iii) obtained later by CAAATSLC from a third party without restriction or violation of Agreements.

By signing below, Customer acknowledges having read all information contained in this form and fully understands and agrees with its contents.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CIRCLE THE BEST ANSWER FOR YOUR FAMILY**

1. How would you describe your family's current housing situation?

- A. Non-subsidized – Own or Rent
- B. Subsidized
- C. Living with friends/relatives
- D. At risk of homelessness (eviction notice/temporary)
- E. Homeless

2. How would you rate your family's income and budgeting?

- A. Able to pay bills and save
- B. Sufficient income to pay bills **without subsidies**
- C. Income meets most financial obligations (**may include subsidies**)
- D. Some income; budget includes subsidies
- E. No income; no budget

3. How would you describe your family's current employment situation?

- A. Full-Time Employment **above** minimum wage
- B. Full-Time Employment **with** minimum wage
- C. Part-Time Employment
- D. Unemployed; skilled and/or previous work history
- E. Unemployed; **no** skills and/or previous work history

4. How would you describe your family's current mode of transportation?

- A. Public or private transportation **always** available
- B. Public or private transportation available **most** of the time
- C. Public or private transportation available **sometimes**
- D. Public or private transportation **rarely** available
- E. **No** available transportation

5. How would you describe your family's current physical health situation?

- A. **No** physical health problems
- B. Physical health problem **does not** interfere with employment or other goals
- C. **Occasionally** interferes with employment or other goals
- D. **Regularly interferes** with employment or other goals
- E. **Prohibits** employment or other goals

6. Are mental health and/or substance abuse issues present in the family?

- A. **No** mental health or substance abuse issues
- B. Mental health problem or substance abuse issue **does not** interfere with employment or other goals
- C. **Occasionally** interferes with employment or other goals
- D. **Regularly interferes** with employment or other goals
- E. **Prohibits** employment or other goals

7. How would you describe your family's regular food, nutrition, and clothing situation?

- A. Able to afford food/necessities without food pantry or food stamps or other programs
- B. Able to afford **some** food/necessities without food stamps or other programs
- C. Unable to afford food/necessities without food program assistance; **uses SNAP, WIC, etc.**
- D. Unable to afford food/necessities without food program assistance; **uses food bank**
- E. **Unable** to afford or obtain food/necessities

8. How would you describe your academic skill set and how it affects employment or other goal attainment?

- A. Degree +(Advanced)
- B. 2- or 4-year degree or certification
- C. Some college tech training
- D. High School/HiSET (GED)
- E. Less than High School

9. How would you describe your family's current child support situation?

- A. Having a child under 18 and receiving child support
- B. Have a child under 18 and NOT receiving child support
- C. Have a child under 18 but not eligible for child support
- D. Do not have a child under 18

**NOTES:**

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# CSBG COMMUNITY SERVICES

## Income Statement Form

**THIS FORM IS TO BE COMPLETED BY THE HEAD OF HOUSEHOLD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List everyone in your household age 18 or older who received income from a job last month. (Include all jobs.)

Name	Employer	How Often Paid?	Gross Pay	Still Employed?
			\$	
			\$	
			\$	
			\$	

Sources of Income	Who Receives this Income?	Amount Received	How Often Received?
Social Security		\$	
Supplemental Security Income (SSI)		\$	
Temporary Assistance for Needy Families (TANF)		\$	
Supplemental Aid to the Blind (SAB)		\$	
Blind Pension (BP)		\$	
Supplemental State Payments (SSP)		\$	
Foster Care		\$	
Alimony		\$	
Child Support, List 8 Digit Case Number: _____		\$	
Unemployment Compensation		\$	
Veteran Benefits		\$	
Pensions		\$	
Railroad Retirement		\$	
Rent Received from Land or Buildings		\$	
Money Received from Friends, Family or Organizations		\$	
Armed Forces Allotment		\$	
Worker's Compensation or Temporary Private Disability		\$	
Other Unearned Income, Specify: _____		\$	

Head of Household Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

# Non-Cash Benefits

List all non-cash benefits for the household.

Non-Cash Benefit	Who Receives this Benefit?
None	
SNAP	
TANF Child Care	
TANF Transportation	
Other TANF-Funded Services	
WIC	
Section 8 or Rental Assistance	
Housing Choice Voucher	
Permanent Supporting Housing	
HUD-VASH	
Childcare Voucher	
Affordable Care Act Subsidy	

# Insurance Benefits

List all insurance benefits for the household.

Non-Cash Benefit	Who Receives this Benefit?
No Insurance	
Medicaid	
Medicare	
VA Medical Services	
State Children's Health Insurance	
State Adult Health Insurance	
Employer Provided Health Insurance	
COBRA Health Insurance	
Private Health Insurance	
Indian Health Services Program	
Military Health Care	
Direct-Purchase	
Other: _____	



**Intake Process – Determination if Applicant is an employee or a relative of an employee of Community Action Agency of St. Louis County, Inc. (“CAASTLC”)**

I, \_\_\_\_\_, am applying for services through  
(print name)

CAASTLC and hereby state that **I am** \_\_\_\_\_/**am not** \_\_\_\_\_ an employee\* of CAASTLC or a relative of an employee of CAASTLC. A “relative” is defined as any person who is related by blood or marriage (husband, wife, father, mother, brother, sister, daughter, son, grandfather, grandmother, in-laws or "significant others") to an employee or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

If you answered that **you are** an employee or a relative of an employee please specify if you’re an employee or the type of relative: \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* The word “employee” for purposes of this form means any full-time, part-time, or temporary employee, including any individual working at CAASTLC through a staffing agency.

# CAASTLC

*Community Action Agency of St. Louis County, Inc.*

## Weatherization Air Conditioning Acknowledgment Form

Applicant Name: \_\_\_\_\_

Does your home currently have working air conditioning? Yes \_\_\_\_\_ No \_\_\_\_\_

\* If someone currently living in your household has a medically diagnosed condition that requires air conditioning, a standard Medical Statement will need to be completed before the weatherization process is scheduled to begin.

\* A Medical Statement must be provided (as a prerequisite, not a guarantee) outlining the **medical necessity** for an individual to live in a home with air conditioning, prior to receiving consideration for air conditioning repair and/or replacement services.

\* If applicable, please fill out the below contact information and contact your medical provider to make them aware that a standard Medical Statement Form will be sent to them by CAASTLC via Pandadoc to be completed and returned to the CAASTLC main office.

### Medical Provider Contact Information:

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I acknowledge that I have read and understand the above-stated language.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Department of Economic Development  
Division of Energy

Radon Informed Consent Form

Weatherization achieves energy and cost savings and improved comfort, health and safety of homes through a variety of home retrofit measures, including some that improve the airtightness of the building. According to the Department of Energy (DOE) sponsored study, **“Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program,”** there is a small risk of increased radon levels in homes when the building air tightness levels are improved. These increases are smaller in manufactured housing everywhere, and all homes in low-radon potential counties, and higher in site built homes in high-radon-potential counties. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels.

**Precautionary Measures:** If your house is located in a county identified as having moderate- to high-potential-radon levels<sup>1</sup>, precautionary measures indicated below may be installed as part of weatherization:

- Exposed dirt floors covered and sealed
- Floor/foundation penetrations sealed
- Open sump pit capped
- Crawl space venting inspected and/or improved
- Mechanical ventilation
- Basement isolated (air sealed) from living space

I am aware that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases. I have received the Environmental Protection Agency’s (EPA’s) “A Citizen’s Guide to Radon,” and radon-related risks were discussed. I have chosen to go forward with weatherization, and accept all risks of injury or damages.

**I have carefully read this informed consent form and have signed it of my own free will.**

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<sup>1</sup> Defined as counties with predicted indoor radon screening levels at or above 2 pico Curies per liter of air (pCi/L). Link to EPA interactive zonal radon map: <https://www.epa.gov/radon/find-information-about-local-radon-zones-and-state-contact-information#radonmap>



**Confirmation of Receipt of Renovate Right and Mold Pamphlets**

- I have received copies of the pamphlets, *Renovate Right* and *A brief Guide to Mold, Moisture and Your Home*, informing me of the potential risk of lead hazard exposure from renovation activity to be performed in my dwelling unit and how to clean up residential mold problems and how to prevent mold growth. I received these pamphlets before the work began.

\_\_\_\_\_  
(Owner/Occupant Name)

\_\_\_\_\_  
(Signature of Owner or Occupant)

\_\_\_\_\_  
(Date)

**Self-certification Option (for tenant-occupied dwellings only)** – If the lead pamphlet and mold pamphlet were delivered but a tenant signature was not obtainable, please check the appropriate box below.

- Refusal to sign – I certify that I have made a good faith effort to deliver the pamphlets, *Renovate Right* and *A brief Guide to Mold, Moisture and Your Home*, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left copies of the pamphlets at the unit with the occupant.
- Unavailable for signature – I certify that I have made a good faith effort to deliver the pamphlets, *Renovate Right* and *A brief Guide to Mold, Moisture and Your Home*, to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left copies of the pamphlets at the unit by sliding them under the door.

\_\_\_\_\_  
Printed name of person certifying renovate right and mold pamphlets delivery

\_\_\_\_\_  
Attempted delivery date and time

\_\_\_\_\_  
Signature of person certifying renovate right and mold pamphlets delivery

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Unit Address

**Note regarding Mailing Option** – As an alternative to delivery in person, you may mail the lead and mold pamphlets to the owner. Pamphlets must be mailed **at least seven (7) days** before renovation. **You must document such mailing with a *certificate of mailing* from the post office.**



**Weatherization Acknowledgment of No Known Hazards in Home**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

CAASTLC, Inc. reserves the right to not provide any weatherization services on a home where any health and/or safety hazards exist. I acknowledge that there are no known health and/or safety hazards in my home that would prevent having any weatherization services being done on my home. Such hazards may include, but are not limited to, any contagious virus, illness or physical ailment which could be transmitted from one person to another, animal feces and/or other excrement, disconnected waste water pipes, hazardous electrical wiring, unvented combustion appliances, toxic materials, unsafe structural areas etc. I also acknowledge that if I become aware of any health and/or safety hazards prior to or during the course of weatherization services being done on my home that I will notify CAASTLC, Inc. immediately of any such hazards.

**I acknowledge that I have read and understand the above-stated language.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Weatherization Acknowledgment Regarding Household Alarm Security System**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

You were recently determined to be eligible to participate in the Missouri Low-Income Weatherization Assistance Program. Prior to having any weatherization services being done on your home, it is recommended that you to have all household alarm security system(s) (“system”) deactivated and all sensors removed from windows and doors.

A system may not operate properly after the installation of certain weatherization measures and the cost of any resulting repair and/or replacement to a system will be the responsibility of the homeowner or the company providing the systems. It is your responsibility to deactivate all household security systems and disconnect all sensors from your doors and windows. CAASTLC, Inc. and its agents, employees or officers will not be responsible for any resulting repair and/or replacement to a system including, but not limited to, damage to wires, replacement of sensors or re-activation fees that may occur.

**I acknowledge that I have read and understand the above-stated language.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Weatherization Acknowledgment of Warranties

Client Name: \_\_\_\_\_

The above-named client acknowledges the following warranties of the services received under the Weatherization Assistance Program of the Community Action Agency of St. Louis County, Inc. (CAASTLC):

**For any non-heating system services**, the contractor warrants that all items will be new, merchantable, of good quality and workmanship, free from defect, and in conformance with the Contract and all Attachments thereto between CAASTLC and the contractor, with this warranty remaining in effect for a period of one (1) year from and after the date of acceptance of the completed work. Except for latent defects, the client must notify CAASTLC within such one (1) year period of any items needing repair or replacement under this warranty. CAASTLC will determine if any item shall be repaired or replaced. In addition, all associated manufacturer's warranties will be passed on to the client.

**For any heating system clean and tune services**, the contractor warrants that all materials installed shall be free of defect in materials and workmanship for a period of twelve (12) months from the date of installation. The client must notify CAASTLC within such one (1) year period of any items needing repair or replacement under this warranty. CAASTLC will determine if any item shall be repaired or replaced. In addition, all associated manufacturer's warranties will be passed on to the client.

**For any heating system repair or replacement services**, the contractor warrants that all material and components installed in performance of this contract shall be free of defect in materials and workmanship for the same time period provided by the manufacturer. The client must notify CAASTLC within such period of any items needing repair or replacement under this warranty; with such time period for the majority of items being one (1) year from the date of installation. CAASTLC will determine if any item shall be repaired or replaced.

**All contractor warranties for any weatherization services excludes any remedy for damage or defect caused by abuse, modifications not executed by the contractor, improper or insufficient maintenance, improper operation, or normal wear and tear and normal usage.**

I have read and understand the above-stated warranty language.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address of unit receiving weatherization services: \_\_\_\_\_

