# *City of Santa Maria Community Programs Division*

## CDBG FY 2025-26 PUBLIC SERVICES CLIENT INTAKE FORM

**1. Client Name:** _____
First Middle Last Suffix

**2. Agency Name:** _____ **Service Provided:** _____

**3. CDBG Program Eligibility*:** ☐ Legal Resident ☐ Satisfactory Immigration Status ☐ Unsatisfactory Immigration Status

☐ Not Applicable / Exempt (short-term shelter, disaster response, food banks, crisis counseling, or non-income-based medical care services)

*This information is collected solely to determine eligibility for federally funded services. It will not be shared with immigration enforcement.*

**4. Race:**

☐ White
☐ American Indian / Alaskan Native
☐ Black/African American
☐ Asian
☐ Native Hawaiian / Other Pacific Islander
☐ Mixed: Black / African American AND White
☐ Mixed: American Indian / Alaskan Native AND White
☐ Mixed: American Indian / Alaskan Native AND Black / African American
☐ Mixed: Asian AND White
☐ Mixed: Other

**5. Ethnicity:** ☐ Non- Hispanic / Latino ☐ Hispanic / Latino

**6. Gender:** ☐ Male ☐ Female

**7. Female Head of Household:** ☐ Yes ☐ No

**8. Household/Person assisted who:**

☐ Now have new or continuing access to this service or benefit
☐ Now have improved access to this service or benefit
☐ Now receives a service or benefit that is no longer substandard

**9. Circle/highlight the income level by household size** (*Effective June 1, 2025*)

| Household Size | 1 Per | 2 Per | 3 Per | 4 Per | 5 Per | 6 Per | 7 Per | 8 Per |
|---|---|---|---|---|---|---|---|---|
| Extremely Low Income (30%) | $37,100 | $42,400 | $47,700 | $52,950 | $57,200 | $61,450 | $65,700 | $69,900 |
| Low Income (50%) | $61,800 | $70,600 | $79,450 | $88,250 | $95,350 | $102,400 | $109,450 | $116,500 |
| Moderate Income (80%) | $98,850 | $113,000 | $127,100 | $141,200 | $152,500 | $163,800 | $175,100 | $186,400 |

**REQUIRED: Client Signature** _____ **Date** _____

**FOR AGENCY STAFF**

*For question 3, if the agency is not exempt, explain how you verified immigration status eligibility: _____

_____

**AGENCY STAFF SIGNATURE** _____ **DATE** _____

Revised January 2026