



APPLICATION FOR THE FOLLOWING SERVICES
WATER/SEWER
RENT
MORTGAGE
EMERGENCY SHELTER

ALL REQUESTS FOR NICOR/COMED/PROPANE ASSISTANCE WILL FIRST BE REFERRED TO KCCSI'S ENERGY SERVICES PROGRAMS

YOUR APPLICATION CAN BE TURNED IN AS FOLLOWS:

FAX: 815-933-0635

EMAIL: HSERVICESFORMS@KCCSI-CAP.ORG

MAIL 657 E. COURT ST., #207
DROP OFF: KANKAKEE IL 60901

YOUR APPLICATION CAN BE DROPPED OFF IN OUR DROP BOX IN A SEALED ENVELOPE. IF INCOMPLETE, WE WILL REQUEST ADDITIONAL INFORMATION AND GIVE YOU TIME TO SUBMIT IT!

YOU MUST SUBMIT THE PACKET AND DOCUMENTS NO LATER THAN 15 DAYS FROM THE DATE IT IS SIGNED.

THE AGENCY RESERVES THE RIGHT TO REQUEST ADDITIONAL OR UPDATED INFORMATION TO DETERMINE ELIGIBILITY.

SEE PAGE 2 FOR THE INFORMATION YOU NEED TO SUBMIT WITH YOUR APPLICATION

HOURS MONDAY/WEDNESDAY/THURSDAY
8:00AM TO 5:00PM - CLOSED 1-2PM

CLOSED TUESDAYS & FRIDAYS



WEBSITE kccsi-cap.org * 657 E. COURT ST., SUITE 207 * KANKAKEE, IL 60901
PHONE 815-933-7883 * FAX 815-933-0635

The following items are needed to begin the application process within the Community Services Department of KCCSI. Please submit all the items with the packet.
Additional information may be required.

- PHOTO ID WITH A KANKAKEE COUNTY ADDRESS FOR EVERYONE 18 AND/OR OLDER (cannot be expired)
- SOCIAL SECURITY CARDS FOR EVERYONE
- PROOF OF INCOME FROM ALL SOURCES FOR THE PAST 30 DAYS
 - o IF ANYONE 18 OR OLDER LOST EMPLOYMENT WITHIN THE LAST 90 DAYS, THAT PERSON MUST PROVIDE A PRINTOUT FROM IDES
- ZERO INCOME AFFIDAVIT
 - o THE HEAD OF HOUSEHOLD MUST EXPLAIN HOW ANYONE 18 OR OLDER MET THEIR EXPENSES IN THE PAST 30 DAYS WITHOUT INCOME
- CURRENT SNAP (FOOD STAMPS) NOTICE OF DECISION
 - o THIS IS MANDATORY IF YOUR SOMEONE 18 OR OLDER HAS NO INCOME OR SOMEONE IN THE HOUSEHOLD RECEIVES CASH ASSISTANCE
- PROOF EMERGENCY OR NEED:
 1. 5-DAY EVICTION NOTICE *or*
 2. COURT ORDERED EVICTION *or*
 3. FIRE REPORT *or*
 4. CODE ENFORCEMENT EVICTION *or*
 5. LETTER FROM THE PERSON YOU ARE CURRENTLY STAYING WITH STATING THAT YOU CANNOT STAY WITH AND WHY *or*
 6. MORTGAGE ARREARAGE STATEMENT
- CURRENT SIGNED LEASE
- THOSE REQUESTING SHELTER MUST ALSO SUPPLY A CURRENT ALPHA REPORT THAT IS DATED WITHIN THE PAST 30 DAYS
- THOSE REQUESTING UTILITY ASSISTANCE MUST SUPPLY THE MOST RECENT UTILITY BILL (MUST SHOW A PAST DUE BALANCE) AND DISCONNECTION NOTICE
- THOSE REQUESTING FIRST MONTH'S RENT MUST SUPPLY THE RECEIPT FOR THE SECURITY DEPOSIT
- THOSE WHO RECEIVED A REFERRAL MUST SUBMIT A COPY OF THE REFERRAL TO THE AGENCY

The packet with the requested information must be returned no later than 15 days from the date it is signed. The agency reserves the right to request additional information. The agency reserves the right to request proof of income for the past 90-days. Households can receive assistance once every 24 months.

DATE / / Program: Human Services Service Requested:

Head of Household Name: _____ Social Security Number: _____
First Middle Initial Last

Address _____ City _____ Zip _____

Phone Number () _____ Marital Status _____ Primary Language _____ Family Size # _____

Housing Status RENT / OWN / OTHER _____ Rent Amount \$ _____

Do you receive Food Stamps? YES / NO _____ If yes, amount \$ _____ Do you have health insurance? YES / NO _____

Is the Head of Household any of the following: _____ FARMER _____ SEASONAL FARMER _____ VETERAN _____

ALL Family Members:

Social Security Number	Name Last, First	Relationship	Date of Birth	Age	Sex	Disabled?	Race	Education Level	30-day income	Source of Income
		HOH								

Do/did services provided help you to become self-sufficient? Yes No TOTAL FAMILY INCOME _____
Applicant statement: I certify that the information contained in my application is an accurate and complete disclosure of the requested information. I hereby acknowledge that the information relating to determination of my eligibility requires verification and/or documentation, and by my signature I authorize others to release information as may be required for the determination of my eligibility.

Signature of HOH: _____ Date _____ KCCSI signature: _____ Date _____

YOUR EMAIL ADDRESS: _____ 2

REQUEST FOR SERVICES	RESPONSE
Who in the home is requesting assistance?	
What service are you requesting? <i>Circle all that apply</i>	<p style="text-align: center;">EMERGENCY SHELTER / RENT HELP</p> <p style="text-align: center;">UTILITY HELP / MORTGAGE HELP</p>
Did you receive any of the following? <i>Circle all that apply</i>	<p style="text-align: center;">EVICTION NOTICE / PAST DUE MORTGAGE</p> <p style="text-align: center;">DISCONNECTION NOTICE / HOMELESS</p>
If you are homeless, please provide a brief explanation of why.	<hr/> <hr/> <hr/> <hr/>
For all other service requests, what happened that caused you to fall behind?	<hr/> <hr/> <hr/> <hr/>
How much are you behind?	<hr/> <hr/> <hr/>
Did you try to make a payment arrangement?	<p style="text-align: center;">YES / NO</p>
What was the arrangement?	<hr/> <hr/> <hr/> <hr/>
If you did make an arrangement and could not uphold it, why?	<hr/> <hr/> <hr/> <hr/>

+++++

30 Day Income - BREAK DOWN

Source	Amount
Employment	
Pension	
TANF	
Food Stamps	
Social Security	
SSI	
Unemployment	
Child Support	
Other	

As the head of household, Are you currently employed Yes _____ No _____

Please list your last 2 jobs

Employer 1: _____ **Position Held:** _____

Start Date: _____ **End Date:** _____

Full Time / Part Time _____ **Rate of Pay:** _____

Reason Leaving: _____

Employer 2: _____ **Position Held:** _____

Start Date: _____ **End Date:** _____

Full Time / Part Time _____ **Rate of Pay:** _____

Reason Leaving: _____

+++++

As the Head of Household, Are you satisfied with your current education? Y / N

Highest level of Education you completed: _____

Name of institution: _____

Location: _____

Last year of attendance: _____

Type of degree, if any: _____

+++++

Do you have a current driver's license? Y / N

Do you have a car with insurance? Y / N

Do you use public transportation? Y / N

+++++

Do you use local pantries? Y / N

Are you ever hungry and skip meals? Y / N

+++++

Are you experiencing any problems that counseling or mental health services might help you with? Y / N

+++++

Do you use alcohol or drugs? Y / N

Would you like information about support groups? Y / N

+++++

Are you currently homeless? Y / N

If not homeless:

Do you rent? Y / N

Do you stay with someone? Y / N

Is your rent Subsidized? Y / N

How much is your rent? \$ _____

Do you own your home? Y / N

How much is mortgage payment? \$ _____

What utilities do you pay? water sewer gas electric (Circle all that apply)

Do you have shut offs (disconnection notices) on any of the bills? Y / N

If so, which one(s) _____

+++++

Are any of your children having problems in school? Y / N

Do you currently have an open case with DCFS? Y / N

Are you experiencing any stress that negatively impacts your family? Y / N

Do you need child care to be able to work? Y / N

If you have child care, how much do you pay? \$ _____

Please check all that apply

Question	Yes	No
Do you have birth certificates for all family members		
Do you have social security cards for all family members		
Are all adults registered to vote		
Are the children up to date on immunizations		
Do the children receive regular medical check ups		
Have you ever been to prison		
Are you on parole or probation		
Do you volunteer in the community		
Are you the primary care giver for a seriously ill family member		

Please list your short term (3-6 month) goals here:

Please list your long term (1 year or more) goals here:

Universal Signature Page/ PÁGINA DE FIRMA UNIVERSAL

IMPORTANT NOTICE: This state of Illinois grantee agency, Kankakee County Community Services, Inc. , is requesting disclosure of information that is necessary to accomplish a complete application for:

<input checked="" type="checkbox"/>	Community Service Block Grant (CSBG)
<input type="checkbox"/>	Illinois Home Weatherization Assistance Program (IHWAP or Weatherization)
<input type="checkbox"/>	Low Income Home Energy Assistance Program (LIHEAP or Energy Assistance), including the Percentage of Income Payment Plan (PIPP) program

APPLICANT STATEMENT: I certify that the information I have provided is an accurate and complete disclosure of the requested information. I also certify that every household member in the application is a resident of Illinois.

I authorize this agency to verify the information and contact my utility/fuel supplier, landlord, employer and/or other sources for verification or additional information and to exchange information contained in or otherwise used regarding my application and participation in CSBG/LIHEAP/IHWAP.

For LIHEAP and IHWAP I also authorize the Department of Commerce & Economic Opportunity and my utility/fuel supplier to share my usage and bill information during the twenty-four (24) month period prior to and twelve (12) month period after the date of my application submittal and/or completion of LIHEAP and IHWAP services for the purpose of program evaluation and analysis.

I have received information outlining my appeal rights. I understand that filling out this application does not guarantee that my household will receive assistance. I understand I will be provided a copy of this application for my future reference.

Applicant Name/ Nombre: _____

Applicant Signature/Firma: _____ **Date:** _____

Personal and Family with Zero-Income Affidavit

This form must be completed if the applicant or a family member in their household is 18 years and older and has reported no income for the last 30-90 days.

Applicant's Name	
Household Member	
Household Member	
Household Member	
Household Member	
Household Member	

I hereby certify that those listed above have no income. We met our basic living expenses by:

I certify that the information above is true and correct. I understand I may be required to provide proof of any information given. I understand that providing false information will result in the denial of my application.

Applicant/Head of Household Signature

Printed Name If Head of Household



Responsibility of Benefits & Disclosure

By signing below:

I understand that it can take 60-90 days for the vendor to receive payment from the date my application is approved.

I understand that I may not receive benefits because of federal funding cuts and/or exhaustion of benefits, even if I am determined to be eligible.

I also understand that I am responsible for paying all current and outstanding utility bills, including mortgage and rent.

I certify that the information on my application is true and correct to the best of my knowledge. I understand requesting disclosure of information is necessary to accomplish the purpose of the Human Services Program. Disclosure of this information is required. Failure to provide any information will result in this application not being processed. I certify that the information is not provided with the intent to commit fraud.

I certify that a representative from KCCSI has provided my household with information regarding child support.

I hereby acknowledge that the information related to determining my eligibility requires verification and documentation. By my signature, I authorize others to release such information as may be required for the determination of eligibility. I hereby consent to waive my right of confidentiality for the limited purpose of allowing KCCSI the opportunity to obtain information from all applicable parties to determine eligibility.

I also give permission to KCCSI to complete a follow up with me for up to 2 years from the date of approval. I also understand that I may only qualify for assistance once every 2 years.

Signature

Date

Intake Worker

Date



Revised 10/17/2023



**WEBSITE kccsi-cap.org * 657 E. COURT ST., SUITE 207 * KANKAKEE, IL 60901
PHONE 815-933-7883 * FAX 815-933-0635**



I, _____

give the KCCSI staff permission to contact my landlord or mortgage company in reference to my application.

Landlord / Mortgage Company Name

Street Address

City, State, Zip Code

Landlord / Mortgage Company Phone Number (MANDATORY)

Landlord Email Address (MANDATORY)

Applicant Signature

Date



**WEBSITE kccsi-cap.org * 657 E. COURT ST., SUITE 207 * KANKAKEE, IL 60901
PHONE 815-933-7883 * FAX 815-933-0635**



OPT-OUT FORM

I, _____, have been provided with the information concerning all programs. Below are the programs I will be applying for AND not applying for.

I understand that I can come back later to apply for services I opted out of today.

<u>Service</u>	<u>Interested</u>	<u>Opt-Out</u>
<ul style="list-style-type: none"> Assistance with Rental Must be at risk of homelessness (Excludes sub housing)		
<ul style="list-style-type: none"> Assistance with Mortgage Must have Mortgage Arrears Statement		
<ul style="list-style-type: none"> Assistance With Shelter Must be homeless		
<ul style="list-style-type: none"> Weatherization Program Process of making home more energy efficient		
<ul style="list-style-type: none"> Assistance with Water and Sewer Must have a shut-off notice or be disconnected		
<ul style="list-style-type: none"> Furnace Assistance (<i>Furnace must be inoperable</i>) Must be homeowner & approved for LIHEAP		
<ul style="list-style-type: none"> LIHEAP Gas/Propane assistance Electric assistance		
<ul style="list-style-type: none"> Senior Community Service Employment Program (SCSEP) Job training Must be 55+, low income, unemployed		

Client: _____

Date: _____

Intake Worker: _____

Date: _____



CUSTOMER COMMUNITY SERVICES SURVEY

Kankakee County Community Services, Inc. would like to understand the challenges and needs of residents like you. The information collected will be used to ensure services are available in the future to address Kankakee County residents' needs. All survey responses will be kept confidential.

1. Do you live in KANKAKEE COUNTY? This survey is **ONLY** for residents of KANKAKEE COUNTY, IL.
 Yes No

2. What is your zip code? _____

3. In the past 12 months, what is the **SINGLE GREATEST** challenge you and your household have experienced?
(CHECK ONE BOX ONLY)

- | | | |
|---|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Education | <input type="checkbox"/> Other (PLEASE SPECIFY) |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Food/nutrition | _____ |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Financial issues | <input type="checkbox"/> Have not experienced any challenges |
| <input type="checkbox"/> Health/mental health | <input type="checkbox"/> Transportation | |

I. SERVICES RECEIVED

4. In the past 12 months, did you or members of your household receive any services from KCCSI?
 Yes (**GO TO QUESTION 5**) No (**GO TO QUESTION 6**)

5. Which services did you or members of your household receive from KCCSI? (**CHECK ALL THAT APPLY**)

<input type="checkbox"/> Senior services	<input type="checkbox"/> Rent/mortgage assistance	<input type="checkbox"/> Transportation assistance
<input type="checkbox"/> LIHEAP (Home Energy Assistance Program)	<input type="checkbox"/> Referral to other social service agencies	<input type="checkbox"/> Other (PLEASE SPECIFY)

5a. Overall, how would you rate the services you or members of your household received from KCCSI?

- Excellent
 Good
 Fair → Why did you rate the services received as fair or poor? _____
 Poor → _____

5b. What suggestions do you have for changes or additions to the services provided by KCCSI?

6. In the past 12 months, from which agencies/organizations in Kankakee County have you or members of your household received services?

7. Which of the following challenges or barriers have you or members of your household experienced accessing services?
(CHECK ALL THAT APPLY)

- | | | |
|--|--|---|
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Language barrier | <input type="checkbox"/> Other (PLEASE SPECIFY) |
| <input type="checkbox"/> Location of services | <input type="checkbox"/> Time from scheduling appointment to receiving services too long | _____ |
| <input type="checkbox"/> Times services available not convenient | | |

8. Which services, if any, have you or members of your family needed that were not available in Kankakee County?

II. CURRENT NEEDS

9. With which of the following **health** needs could you or someone in your household use help?

(CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> Finding affordable health or dental insurance | <input type="checkbox"/> Paying for medical expenses (e.g., medical/dental checkups, prescriptions, glasses, hearing aids, wheelchairs) | <input type="checkbox"/> Mental health treatment including treatment for stress, depression, or anxiety |
| <input type="checkbox"/> Finding health or dental care | <input type="checkbox"/> Getting family planning or birth control | <input type="checkbox"/> Physical, emotional, or sexual abuse |
| <input type="checkbox"/> Getting medical care and/or insurance for a child | <input type="checkbox"/> Drug or alcohol treatment | <input type="checkbox"/> Other health needs (SPECIFY) _____ |
| | | <input type="checkbox"/> None of the above |

10. With which of the following **housing** needs could you or someone in your household use help?

(CHECK ALL THAT APPLY)

- | | | |
|---|--|--|
| <input type="checkbox"/> Finding emergency shelter | <input type="checkbox"/> Renter/tenant rights and responsibilities education | <input type="checkbox"/> Changes to home for a person with disabilities |
| <input type="checkbox"/> Finding affordable housing | <input type="checkbox"/> Learning basic home repair/property maintenance skills | <input type="checkbox"/> Yard work, snow removal, laundry, or house work |
| <input type="checkbox"/> Down payment/closing costs to buy a home | <input type="checkbox"/> Finding home repair services | <input type="checkbox"/> Other housing needs (SPECIFY) _____ |
| <input type="checkbox"/> Qualifying for a loan to buy a home | <input type="checkbox"/> Making home more energy efficient | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Home ownership education | <input type="checkbox"/> Paying rent or mortgage, rent deposits/application fees | |

11. With which of the following **employment** needs could you or someone in your household use help?

(CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> Finding a full-time job | <input type="checkbox"/> Training/education for a job | <input type="checkbox"/> Other employment needs (PLEASE SPECIFY) _____ |
| <input type="checkbox"/> Applying for jobs | <input type="checkbox"/> Getting appropriate clothing or equipment (e.g., tools) for a job | |
| <input type="checkbox"/> Writing a resume | <input type="checkbox"/> Finding child care | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Learning how to interview for a job | | |

12. With which of the following **adult education** needs could you or someone in your household use help?

(CHECK ALL THAT APPLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> Getting a high school diploma or GED/HSED | <input type="checkbox"/> Learning how to use a computer | <input type="checkbox"/> Other adult education needs (PLEASE SPECIFY) _____ |
| <input type="checkbox"/> Getting a 2-year or 4-year college degree | <input type="checkbox"/> Improving communication or language skills | |
| <input type="checkbox"/> Information about technical school programs or apprenticeships | <input type="checkbox"/> Learning English as a second language | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Completing college aid forms (e.g., FAFSA) | |

ANSWER QUESTION 13 ONLY IF THERE ARE CHILDREN UNDER THE AGE OF 18 IN YOUR HOUSEHOLD.

13. With which of the following **child care and child development** needs could you or someone in your household use help? (CHECK ALL THAT APPLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> Finding affordable, quality, licensed child care in a convenient location | <input type="checkbox"/> Finding evening, nighttime, weekend or before/after school child care | <input type="checkbox"/> Screening for early intervention services (speech, developmental, mental, physical) |
| <input type="checkbox"/> Paying for child care | <input type="checkbox"/> Paying for school supplies, fees, or activities | <input type="checkbox"/> Other child care and child development needs (SPECIFY) _____ |
| <input type="checkbox"/> Finding child care for children ages 0-3 | <input type="checkbox"/> Caring for children ages 0-3 at home | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Finding quality preschool for children ages 3-5 | | |

14. With which of the following **financial/legal (income management)** needs could you or someone in your household use help? **(CHECK ALL THAT APPLY)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Budgeting and managing money | <input type="checkbox"/> Problems with payday or title loans | <input type="checkbox"/> Getting basic furniture, appliances, or house wares |
| <input type="checkbox"/> Opening a checking or savings account | <input type="checkbox"/> Foreclosure/bankruptcy/ repossession problems | <input type="checkbox"/> Getting clothing, shoes, or personal care items like soap, diapers, and toilet paper |
| <input type="checkbox"/> Filling out tax forms | <input type="checkbox"/> Problems with child custody or support | <input type="checkbox"/> Other financial/legal needs (PLEASE SPECIFY) _____ |
| <input type="checkbox"/> Problems with a credit card or loan company | <input type="checkbox"/> Getting protection in domestic violence situations | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Problems with paying bills, such as utilities or credit cards | <input type="checkbox"/> Deportation or immigration legal issues | |
| <input type="checkbox"/> Paying unexpected or emergency expenses | <input type="checkbox"/> Expunging a criminal record | |
| | <input type="checkbox"/> Getting legal help when denied public benefits | |

15. With which of the following **food and nutrition** needs could you or someone in your household use help? **(CHECK ALL THAT APPLY)**

- | | | |
|---|---|---|
| <input type="checkbox"/> Getting food or food assistance | <input type="checkbox"/> Getting access to senior congregate meal sites (meals served in a group setting) | <input type="checkbox"/> Getting nutritious foods during pregnancy |
| <input type="checkbox"/> Learning how to shop and cook for healthy eating or dietary restrictions (e.g., gluten free) | <input type="checkbox"/> Getting meals delivered to your home for a senior or disabled individual | <input type="checkbox"/> Obtaining breastfeeding education and assistance |
| | | <input type="checkbox"/> Other food and nutrition needs (SPECIFY) _____ |
| | | <input type="checkbox"/> None of the above |

16. With which of the following **family support** needs could you or someone in your household use help? **(CHECK ALL THAT APPLY)**

- | | | |
|---|--|---|
| <input type="checkbox"/> Having access to transportation | <input type="checkbox"/> Talking to a child about inappropriate behavior/ addressing a child's inappropriate behavior (e.g., bullying, drugs, sex) | <input type="checkbox"/> Learning how to set goals and plan for your family |
| <input type="checkbox"/> Buying a dependable car | | <input type="checkbox"/> Other family support needs (PLEASE SPECIFY) _____ |
| <input type="checkbox"/> Paying for car repairs | | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Paying for car insurance, registration or license fees | <input type="checkbox"/> How to help a child coping with emotional issues | |
| <input type="checkbox"/> Disciplining a child more effectively | | |

III. COMMUNITY AND CIVIC ACTIVITIES

17. In the past 12 months did you or someone in your household participate in the following activities?

	Yes	No	Don't Know
a. Register to vote in a local, state, or national election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteer or participate in an organization, association, or group, such as PTA, Kiwanis, or church group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work with others to solve a community problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. TECHNOLOGY AND INTERNET ACCESS

18. Do you have high-speed internet access at home via a smartphone, tablet, iPad, desktop or laptop computer or other device?

- | | | |
|--|---|---|
| <input type="checkbox"/> Yes (GO TO QUESTION 19) | <input type="checkbox"/> No (GO TO QUESTION 20) | <input type="checkbox"/> Don't know (GO TO QUESTION 20) |
|--|---|---|

19. Do you receive reduced price internet service?

Yes

No

Don't know

V. PERSONAL AND HOUSEHOLD CHARACTERISTICS

20. What is your gender?

Female

Male

Prefer to self-describe _____

Prefer not to answer

21. What is your age?

18-24

25-34

35-44

45-54

55-64

65+

Prefer not to answer

22. Are you of Hispanic, Latinx, or Spanish origin?

Yes

No

Prefer not to answer

23. What is your race? **(CHECK ALL THAT APPLY)**

Asian

Black or African American

White

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

Some other race
(SPECIFY) _____

Prefer not to answer

24. How many people live in your household? _____

25. What is the primary language spoken at home?

English

Spanish

Other (SPECIFY) _____

26. What was your 2020 annual household income? Please consider all sources of income, before taxes, for everyone living with you in 2020.

Less than \$15,950

\$15,950-\$21,550

\$21,551-\$27,150

\$27,151-\$32,750

\$32,751-\$38,350

\$38,351-\$43,950

\$43,951-\$49,550

\$49,551-\$55,150

\$55,151-\$59,630

\$59,631-\$64,110

More than \$64,110

Don't know

Prefer not to answer

Thank you for your participation.