

Client Characteristics Collection Form 2025-2026

COMPLETE ONE FORM FOR THE ENTIRE HOUSEHOLD FOR THE PERIOD OF 9-1-2025 through 8-31-2026

IF YOU HAVE THE SAME CLIENTS FROM YEAR TO YEAR, FORM MUST BE UPDATED EACH YEAR.

DATE: _____ COUNTY: _____ TOWN: _____ PROGRAM: TS

LIST EVERYONE IN HOUSEHOLD BELOW:

NAME:	RELATION TO APPLICANT:	GENDER:	DATE OF BIRTH	SSN:	DISABLED:	HISPANIC/LATINO
Applicant Name:	Self	M F Other			YES NO	YES NO
Household Member:		M F Other		NA	YES NO	YES NO
Household Member:		M F Other		NA	YES NO	YES NO
Household Member:		M F Other		NA	YES NO	YES NO
Household Member:		M F Other		NA	YES NO	YES NO
Household Member:		M F Other		NA	YES NO	YES NO
Household Member:		M F Other		NA	YES NO	YES NO
Household Member:		M F Other		NA	YES NO	YES NO

1. Education Levels	Number of Individuals	6. Household Type	Number of Households
	ages 14-24 ages 25+		
a. Grades 0-8		a. Single Person	
b. Grades 9-12/Non-Graduate		b. Two Adults NO Children	
c. High School Graduate		c. Single Parent Female	
d. Equivalency Diploma		d. Single Parent Male	
e. 12 Grade + Some Post-Secondary		e. Two Parent Household	
f. 2 or 4 Years College Graduate		f. Non-related Adults with Children	
g. Graduate of Other Post-Secondary School		g. Multigenerational Household	
h. Unknown/Not Reported		h. Other	
		i. Unknown/Not Reported	

2. Disconnected Youth	# of Individuals	7. Household Size	Number of Households
Youth ages 14-24 who are neither working/in school		a. Single Person	
*If an individual reported they had health insurance identify the source.		b. Two	
3. Health Insurance Sources		c. Three	
i. Medicaid		d. Four	
ii. Medicare		e. Five	
iii. State Children's Health Insurance Program		f. Six or more	
iv. State Health Insurance for Adults		g. Unknown/Not Reported	
v. Military Health Care			
vi. Direct-Purchase			
vii. Employment Based			
viii. Unknown/Not Reported			

4. Race	Number of Individuals	8. Housing	Number of Households
a. American Indian or Alaska Native		a. Own	
b. Asian		b. Rent	
c. Black or African American		c. Other Permanent Housing	
d. Native Hawaiian/Other Pacific Islander		d. Homeless	
e. White		e. Other	
f. Other		f. Unknown/Not Reported	
g. Multi-race (two or more of the above)			
h. Unknown/Not Reported			

5. Military Status (Individuals 18+)	Number of Individuals	9. Work Status (Individuals 18+)	Number of Individuals
a. Veteran		a. Employed Full-Time	
b. Active Military		b. Employed Part-Time	
c. Never served in the military		c. Migrant or Seasonal Farm Worker	
d. Unknown/Not Reported		d. Unemployed-Short Term 6 mo/less	
		e. Unemployed-Long Term/more than 6mo	
		f. Unemployed (Not in Labor Force)	
		g. Retired	
		h. Unknown/Not Reported	

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10. Level of Household Income	Number of Households	13. Non-Cash Benefits	Number of Households
a. Up to 50%		a. SNAP	
b. 51% to 75%		b. WIC	
c. 76% to 100%		c. LIHEAP	
d. 101% to 125 %		d. Housing Choice Voucher	
e. 126% to 150%		e. Public Housing	
f. 151% to 175%		f. Permanent Supportive Housing	
g. 176%-200%		g. HUD-VASH	
h. 201% and over		h. Childcare Voucher	
i. 251% and over		i. Affordable Care Act Subsidy	
i. Unknown/Not Reported		j. Other	
		k. Unknown/Not Reported	

11. Sources of Household Income	Number of Households
a. Income from Employment Only	
b. Income from Employment and Other Income Source	
c. Income from Employment, Other Income Source, and Non-Cash Benefits	
d. Income from Employment and Non-Cash Benefits	
e. Other Income Source Only	
f. Other Income Source and Non-Cash Benefits	
g. No Income	
h. Non-Cash Benefits Only	
i. Unknown/Not Reported	

Below, please report the types of other income and/or non-cash benefits received by the households who reported sources other than employment.

12. Other Income Source	Number of Households
a. TANF	
b. Supplemental Security Income SSI	
c. Social Security Disability Income SSDI	
d. VA Service-Connected Disability Compensation	
e. VA Non-Service Connected Disability Pension	
f. Private Disability Insurance	
g. Worker's Compensation	
h. Retirement Income from Social Security	
i. Pension	
j. Child Support	
k. Alimony or other Spousal Support	
l. Unemployment Insurance	
m. EITC	
n. Other	
o. Unknown/Not Reported	

PERCENT OF FEDERAL POVERTY (ANNUAL) INCOME GUIDELINES
8/1/2025

# in House hold	0 - 50%	51% - 75%	76% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201%-250%
1	0 - \$7,825	\$7,826 - \$11,737	\$11,738 - \$15,650	\$15,651 - \$19,562	\$19,563-\$23,475	\$23,476 - \$27,387	\$27,388 - \$31,300	\$31,301-\$39,125
2	0 - \$10,575	\$10,576 - \$15,862	\$15,863 - \$21,150	\$21,151 - \$26,437	\$26,438- \$31,725	\$31,726 - \$37,012	\$37,013 - \$42,300	\$42,301-\$52,875
3	0 - \$13,325	\$13,326 - \$19,987	\$19,988 - \$26,650	\$26,651 - \$33,312	\$33,313- \$39,975	\$39,976 - \$46,637	\$46,638- \$53,300	\$53,301-\$66,625
4	0 - \$16,075	\$16,076 - \$24,112	\$24,113 - \$32,150	\$32,151 - \$40,187	\$40,188 - \$48,225	\$48,226 - \$56,262	\$56,263- \$64,300	\$64,301-\$80,375
5	0 - \$18,825	\$18,826 - \$28,237	\$28,238 - \$37,650	\$37,651- \$47,062	\$47,063- \$56,475	\$56,476- \$65,887	\$65,888- \$75,300	\$75,301- \$94,125
6	0 - \$21,575	\$21,576 - \$32,362	\$32,363 - \$43,150	\$43,151 - \$53,937	\$53,938 - \$64,725	\$64,726 - \$75,512	\$75,513 - \$86,300	\$86,301-\$107,875
7	0 - \$24,325	\$24,326 - \$36,487	\$36,488 - \$48,650	\$48,651 - \$60,812	\$60,813 - \$72,975	\$72,976 - \$85,137	\$85,138 - \$97,300	\$97,301-\$121,625
8	0-\$27,075	\$27,076- \$40,612	\$40,613- \$54,150	\$54,151 - \$67,687	\$67,688 - \$81,225	\$81,226 - \$94,762	\$94,763 - \$108,300	\$108,301-135,375

*For family units of more than 8 members, add \$5,380 for each additional person.