[ms-0398.012.016.005]

COMMUNITY ACTION PROGRAM DATA SHEET

DO NOT WRITE IN THIS BLOCK

CAC ☐☐ CAP ☐☐ _____ NO. ☐☐☐☐

CENSUS TRACT OF ADDRESS BELOW ☐☐☐☐

STAFF ☐ 1. PAID 2. VOLUNTEER

NATURE OF REQUEST ☐

1. EMPLOYMENT AND JOB TRAINING
2. EDUCATION
3. PUBLIC ASSISTANCE
4. HOUSING
5. HEALTH
6. CHILD CARE
7. FAMILY PLANNING
8. LEGAL
9. COMMUNITY DEVEL.

THIS INFORMATION IS CODED FOR STATISTICAL ANALYSIS. PLEASE PRINT IN THE BOXES.

NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ DATE _____

LAST FIRST MIDDLE INITIAL

(LEAVE ONE SPACE AFTER EACH NAME. USE FIRST INITIAL ONLY IF NECESSARY.)

ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ZIP CODE 92 ☐☐☐

STREET

☐☐☐☐☐☐☐☐☐☐☐☐☐☐ PHONE ☐☐☐ - ☐☐☐☐

CITY

IS THIS YOUR OWN PHONE ☐ 1. YES 2. NO (SELECT NUMBER)

SEX ☐ 1. MALE 2. FEMALE (SELECT NUMBER)

AGE ☐☐

RACE ☐ 1. NEGRO 2. CAUCASIAN 3. ORIENTAL

ETHNIC BACKGROUND ☐ 1. AMERICAN INDIAN 2. MEXICAN-AMERICAN 3. SAMOAN 4. PHILLIPINE 5. JAPANESE 6. OTHER

U.S. CITIZEN ☐ 1. YES 2. NO

LANGUAGE ABILITY: ANSWER FOR BOTH ENGLISH AND SPANISH

SPEAK		READ		WRITE	
SPANISH ☐	1. YES	SPANISH ☐	1. YES	SPANISH ☐	1. YES
ENGLISH ☐	2. NO	ENGLISH ☐	2. NO	ENGLISH ☐	2. NO
	3. SOME		3. SOME		3. SOME

HOW MANY OTHER LANGUAGES DO YOU KNOW? ☐ WHAT ARE THEY? _____

HOW MANY PEOPLE LIVE WITH YOU AT THE ABOVE ADDRESS? [ ][ ]

HOW MANY OF THESE ARE ADULTS? [ ][ ]

[ ][ ][ ][ ][ ][ ][ ]
LEAVE BLANK

LIST THEIR RELATIONSHIP TO YOU (AUNT, GRANDFATHER, ETC.). _____

_____

NUMBER OF CHILDREN WHO ARE LESS THAN 5 YEARS OLD [ ]
NUMBER OF GIRLS WHO ARE BETWEEN 6 AND 13 YEARS OLD [ ]
NUMBER OF BOYS WHO ARE BETWEEN 6 AND 13 YEARS OLD [ ]
NUMBER OF GIRLS WHO ARE BETWEEN 14 AND 17 YEARS OLD [ ]
NUMBER OF BOYS WHO ARE BETWEEN 14 AND 17 YEARS OLD [ ]
NUMBER OF GIRLS WHO ARE BETWEEN 18 AND 21 YEARS OLD [ ]
NUMBER OF BOYS WHO ARE BETWEEN 18 AND 21 YEARS OLD [ ]

YOUR MARITAL STATUS [ ]
1. SINGLE
2. MARRIED
3. SEPARATED
4. DIVORCED
5. WIDOWED
6. COMMON LAW

ARE YOU THE HEAD OF YOUR HOUSEHOLD? [ ]
1. YES
2. NO

WHAT WAS THE LAST GRADE OF SCHOOL COMPLETED? [ ][ ]

LAST YEAR ATTENDED. 19 [ ][ ]

0 - NO FORMAL SCHOOL
1 - 6 GRADE SCHOOL
7 - 9 JUNIOR HIGH
10-12 HIGH SCHOOL
13-16 COLLEGE
17-20 GRADUATE SCHOOL

NO. OF MONTHS IN TRADE SCHOOL [ ][ ]

WHAT KIND? _____

WAS THE LAST SCHOOL ATTENDED IN CALIFORNIA? [ ]
1. YES
2. NO

WHERE WAS THE LAST SCHOOL YOU ATTENDED? _____
CITY OR COUNTY STATE

HOW MANY PEOPLE IN YOUR FAMILY WORK? [ ]

PLEASE FILL IN THE FOLLOWING INFORMATION FOR EACH. STARTING WITH THE PERSON WHO EARNS THE MOST.

RELATIONSHIP (HUSBAND, WIFE, CHILD, ETC.)	TYPE OF WORK	ADDRESS OF EMPLOYER	DISTANCE TO WORK IN MILES	PRESENTLY 1. YES EMPLOYED 2. NO	YEARS WITH LAST EMPLOYER	MOS. UNEMPLOYED IN LAST 24 MOS.			

HOME ☐
1. OWN
2. RENT HOUSE
3. RENT APARTMENT
4. RENT ROOM
5. LIVE WITH SOMEONE

MONTHLY COST OF HOME ☐☐☐ DOLLARS

WHAT WAS YOUR FAMILY'S GROSS INCOME BEFORE TAXES DURING THE LAST YEAR USING THE CLASSIFICATIONS ON THE RIGHT? ☐☐

WHAT WAS YOUR FAMILY'S GROSS INCOME THE PRECEEDING YEAR USING CLASSIFICATIONS ON THE RIGHT? ☐☐

INCOME CLASSIFICATIONS

1. $ 0- 999
2. $1000-1499
3. $1500-1999
4. $2000-2499
5. $2500-2999
6. $3000-3499
7. $3500-3999
8. $4000-4499
9. $4500-4999
10. $5000-5999
11. $6000-6999
12. $7000-7999
13. $8000-PLUS

WHICH OF THE FOLLOWING, IF ANY, PROVIDED MONEY FOR YOUR FAMILY DURING THE PAST YEAR?
(CHECK BOXES AND INDICATE AMOUNT IN DOLLARS.)

RETIREMENT PLANS	☐	$ _____
SOCIAL SECURITY	☐	_____
STATE UNEMPLOYMENT COMPENSATION	☐	_____
VETERANS' BENEFITS	☐	_____
INSURANCE	☐	_____
PROPERTY	☐	_____
CHURCHES	☐	_____
RELATIVES	☐	_____
CHILD SUPPORT FROM FORMER SPOUSE	☐	_____
ALIMONY	☐	_____

(THIS PORTION CONTINUED ON NEXT PAGE.)

OEO PROGRAMS

- CAP (TAC, JOBS NOW, ETC.) ☐ $ _____
- NEIGHBORHOOD YOUTH CORPS ☐ _____
- JOB CORP ☐ _____
- WORK STUDY ☐ _____

STATE WELFARE ☐ _____

COUNTY WELFARE

- AID TO FAMILIES WITH DEPENDENT CHILDREN ☐ _____
- OLD AGE ASSISTANCE ☐ _____
- AID TO TOTALLY DISABLED ☐ _____
- CHILD WELFARE ☐ _____
- GENERAL RELIEF ☐ _____
- COMMUNITY WORK AND TRAINING PROGRAM ☐ _____

(WRITE IN) OTHER COMMUNITY ORGANIZATIONS (SALVATION ARMY, NAVY RELIEF, ETC.)

YEARS LIVED IN SAN DIEGO COUNTY ☐☐

YEARS LIVED IN RURAL AREAS ☐☐

YEARS LIVED AT PRESENT ADDRESS ☐☐

NUMBER OF TIMES YOU HAVE MOVED IN LAST 3 YEARS ☐☐

ARE YOU A REGISTERED VOTER? ☐ 1. YES 2. NO

DID YOU VOTE IN LAST ELECTIONS? ☐ 1. YES 2. NO

HAS YOUR FAMILY RECEIVED SERVICES FROM ANY OF THE FOLLOWING DURING THE LAST YEAR? (CHECK BOX)

- SALAVATION ARMY ☐
- URBAN LEAGUE ☐
- RED CROSS ☐
- GOOD WILL ☐
- NEIGHBORHOOD HOUSE ☐
- YMCA ☐
- YWCA ☐
- CAMP FIRE GIRLS ☐
- BOYS CLUB ☐
- GIRLS CLUB ☐
- BOY SCOUTS ☐
- GIRL SCOUTS ☐
- STATE DEPARTMENT OF EMPLOYMENT ☐
- STATE DEPARTMENT OF VOCATIONAL REHABILITATION ☐
- BUREAU OF SOCIAL WORK (MENTAL HYGIENE DEPT.) ☐
- FAIR EMPLOYMENT PRACTICES COMMISSION ☐
- DEPARTMENT OF PUBLIC WELFARE ☐
- DEPARTMENT OF PUBLIC HEALTH ☐
- COUNTY PROBATION DEPARTMENT ☐
- STATE DAY TREATMENT CENTER ☐
- COUNTY HOSPITAL ☐
- MERCY GUADULUPE CLINIC ☐

WHAT IS YOUR FAMILY'S PRINCIPLE METHOD OF TRANSPORTATION? ☐

1. WALK OR BICYCLE
2. PUBLIC BUS
3. FRIENDS CAR, TRUCK, ETC.
4. OWN MOTOR CYCLE
5. OWN CAR, TRUCK

HOW DID YOU HEAR ABOUT THIS PROGRAM? [ ]

1. FRIEND
2. THEY CALLED AT MY HOME
3. BLOCK MEETING
4. NEWSPAPER
5. COMMUNITY ACTION COUNCIL
6. NEIGHBORHOOD SERVICE CENTER
7. NOTICES AND POSTERS
8. OTHER _____
SPECIFY

HOW MANY CLUBS, LODGES OR OTHER ORGANIZATIONS DO YOU BELONG TO? [ ]

DO NOT WRITE IN THIS BLOCK

ACTION: REFERRED TO [ ][ ] _____

PLACED IN CAP — STARTING DATE _____ PROBABLE ENDING DATE _____

WBSI-OCTOBER, 1966