



6323 Manchester Ave • Kansas City, Missouri 64133 • Phone: 816.358.6868 • Fax: 816.356.0780  
www.caagkc.org

Thank you for reaching out! This letter is in response to your request for Youth Services with Community Action Agency of Greater Kansas City (CAAGKC).

CAAGKC provides Youth Services to youth and their families within Jackson, Clay, and Platte counties. Services include PAVE the Way Program (education, character development, soft skills), scholarships to graduates of the PAVE the Way Program, occupational skills training (phlebotomy and medical assistant), and summer enrichment programs through local summer camps hosted at YMCAs and Camp Fire Heartland.

Enclosed, you will find the following documents:

- Youth Services Application Checklist
- CAAGKC Intake Application Family Intake Assessment
- CAAGKC Acknowledgment and Consent Forms
- Self-Declaration of Zero Income

Please keep the following in mind as you complete these forms:

- Applications will be reviewed in the order they are received.
- Carefully read and complete each form. If incomplete packets are received or CAAGKC is unable to contact the family, your packet will be delayed in processing and may result in an inability to assist.
- All information is confidential and will be kept securely within our organization.
- Email us at [YouthSrvcs@caagkc.org](mailto:YouthSrvcs@caagkc.org) if you have any question about completing these forms.

Once you have completed all required documents, please contact Youth Service via email at [YouthSrvcs@caagkc.org](mailto:YouthSrvcs@caagkc.org) and include your phone number. We will contact you to get copies of all current photo IDs, social security cards, and application packet.

Please don't hesitate to let our Youth Services Department know if you have any questions or need assistance.

Thanks,

Lamont Hale  
Director of Programs



---

6323 Manchester Ave • Kansas City, Missouri 64133 • Phone: 816.358.6868 • Fax: 816.356.0780  
www.caagkc.org

---

### **Youth Services Application Checklist**

Please provide completed and thorough information for each of the following items. If incomplete packets are received by CAAGKC, your packet will be delayed in processing.

- Family Intake Assessment and Referral Form
- Acknowledgment and Consent Form for all household members 18 years and older
- Self-Declaration of Zero Income Form
- Photo ID for all household members 18 years and older
- Social Security cards for all household members
- Proof of residency documentation (utility bill or document mailed in the last 30 days to the address where client resides)

If you have any questions, please email our team at [YouthSrvcs@caagkc.org](mailto:YouthSrvcs@caagkc.org)



---

6323 Manchester Ave • Kansas City, Missouri 64133 • Phone: 816.358.6868 • Fax: 816.356.0780  
[www.caagkc.org](http://www.caagkc.org)

---

**What Programs Are You Interested In?**

- PAVE the Way Program
- Scholarship Program
- Back Snack Program
- REALL Simulation
- Summer Enrichment Program (Freedom School)
- Occupational Skills Training Program

# Family Intake Assessment and Referral Form

## EXPLANATION OF ABBREVIATIONS & TERMS LISTED BELOW:

**REL:** Relationship to Head of Household **Race:** (B) Black (W) White (AI) American Indian (O) Other (OI) Other Islander (A) Asian

| Head of Household Name | REL  | Race | Education             | Disabled  | Insurance   | Gender | Social Security # | Date of Birth |
|------------------------|------|------|-----------------------|-----------|---|--------|-------------------|---------------|
| 1.                     | SELF |      | Last Grade Completed: | Yes<br>No | Check all that apply:<br>Medicaid Private<br>Medicare MC+<br>None |        |                   |               |

Email:

|              |                                       |      |          |                |                         |                     |    |             |
|--------------|---------------------------------------|------|----------|----------------|-------------------------|---------------------|----|-------------|
| Home Address |                                       | City | State    | ZIP Code       | Ethnicity               |                     |    |             |
|              |                                       |      | MO       |                | Hispanic/Latino: Yes No |                     |    |             |
| Phone        | Housing - Please Check One            |      |          |                | Benefits                |                     |    |             |
|              | Own                                   | Rent | Homeless | Public Housing | Other                   | SNAP / Food Stamps: |    |             |
|              | *Has your residence been weatherized? |      |          |                | Yes                     | No                  | No | Yes Amount: |

List all monthly income (before taxes) & sources of income in the household: \$

|   |               |              |         |
|---|---------------|--------------|---------|
| Wages   | SSI/SSA       | TANF         | Pension |
| Unemployment                                      | Child Support | Other Income |         |
| *Is any member in the household a veteran? Yes No |               |              |         |

| Other Household Member Name | REL | Race | Education             | Disabled  | Insurance   | Gender | Social Security # | Date of Birth |
|-----------------------------|-----|------|-----------------------|-----------|---|--------|-------------------|---------------|
| 2.                          |     |      | Last Grade Completed: | Yes<br>No | Check all that apply:<br>Medicaid Private<br>Medicare MC+<br>None |        |                   |               |
| 3.                          |     |      | Last Grade Completed: | Yes<br>No | Check all that apply:<br>Medicaid Private<br>Medicare MC+<br>None |        |                   |               |
| 4.                          |     |      | Last Grade Completed: | Yes<br>No | Check all that apply:<br>Medicaid Private<br>Medicare MC+<br>None |        |                   |               |
| 5.                          |     |      | Last Grade Completed: | Yes<br>No | Check all that apply:<br>Medicaid Private<br>Medicare MC+<br>None |        |                   |               |
| 6.                          |     |      | Last Grade Completed: | Yes<br>No | Check all that apply:<br>Medicaid Private<br>Medicare MC+<br>None |        |                   |               |
| 7.                          |     |      | Last Grade Completed: | Yes<br>No | Check all that apply:<br>Medicaid Private<br>Medicare MC+<br>None |        |                   |               |

Do you need help with any of the following? Check all that apply (Yes/No)

|                 |                       |  |
|-----------------|-----------------------|--|
| Utilities?      | Employment/Education? | Do you have children between the ages of 5-24 years? Would you be interested in our Youth Services Program? Yes No |
| Housing?        | Unmet health needs?   |  |
| Child Care?     | Food Assistance?      | Are you currently receiving Child Support Services?<br>(Please check one of the following.) Yes No N/A             |
| Transportation? | Other?                |  |

I understand the information provided is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of my application. I authorize this agency; their agents and employees to receive or provide information for the purpose of completing the application and hereby release the foregoing of and from any liability for services provided. I consent to the release of pertinent information to concerned social service agencies and vendors as necessary to complete services for my household or to provide statistics on emergency assistance or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to ensure timely processing of this application. I acknowledge, by my verbal consent, the information entered on this form is true and correct to the best of my knowledge.

|                                    |       |                    |       |
|------------------------------------|-------|--------------------|-------|
| Applicant's Signature:             | Date: | Staff's Signature: | Date: |
| CV-19, Customer verbal attestation |       |                    |       |

|                                     |    |    |
|-------------------------------------|----|----|
| OFFICE USE - Please list referrals: | 1. | 2. |
| Annual Income:                      | 3. | 4. |
| Monthly Total x =                   | 5. | 6. |

[Clear Form](#)

## Acknowledgment and Consent Forms

### **CLIENT CONFIDENTIALITY / RELEASE OF INFORMATION ACKNOWLEDGEMENT AGREEMENT**

Under the terms of this Agreement, CLIENT agrees to release to CAAGKC information that is confidential and proprietary to CLIENT - Confidential Information to be used solely for the Agency'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 CLIENT 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. CAAGKC will consider all information received from CLIENT to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement; except for information that is (i) generally known to the public, (ii) in the possession of CAAGKC before receipt from the CLIENT, (iii) obtained later by the Agency from a third party without restriction on violation of Agreements.

CAAGKC will not disclose CLIENTS Confidential Information to any party without the prior written consent of CLIENT. CAAGKC may, however, disclose Confidential Information to its employees and/or programs but only if the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. Community Action Agency may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as CLIENT identities are not identified; (iii) to a third party based on court orders; and (iv) to appropriate authorities in cases of suspected child abuse or neglect. CAAGKC 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. ☐ YES ☐ NO

### **PHOTO, VIDEO, MEDIA RELEASE ACKNOWLEDGEMENT AGREEMENT**

I hereby give Community Action Agency of Greater Kansas City (CAAGKC) permission to interview, videotape, or photograph me with the purpose of using said words or images in the media, in agency publications such as newsletters, brochures, and advertisements, or other printed or broadcast material. I understand that portions of my words, photos, or video may be edited or altered by CAAGKC or the news media without my expressed knowledge or approval. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for CAAGKC use of any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied. ☐ YES ☐ NO

### **CUSTOMER GRIEVANCE/COMPLAINT POLICY ACKNOWLEDGEMENT AGREEMENT**

Community Action Agency of Greater Kansas City customers are treated fairly without regard to race, color, sex, national origin/ancestry, religion, disability, veteran status, and any other characteristic protected by applicable affirmation laws. It is our intent to provide professional services to customers who apply for individual programs we administer. If a customer has a grievance/complaint he/she should immediately contact the manager of the program involved for resolution. Contact information will be provided by the Receptionist of CAAGKC. ☐ YES ☐ NO

---

Participant Name

---

Date

---

Participant Signature

---

CAAGKC Staff Signature

---

Date



## SELF-DECLARATION OF ZERO INCOME FORM

I certify that I do not receive income from any of the following sources:

- Wages from employment
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividend from assets
- Supplemental Security Income (SSI), Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Public assistance payments
- Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- Sales from self-employment resources
- Any other income sources not listed above

I certify that the information presented in this certification is true and correct to the best of my knowledge. I understand that falsified or fraudulent information may result in the rejection of my application. I further understand that by signing this certification and knowingly giving false information constitutes an act of fraud.

\_\_\_\_\_  
*Head/Member of Household Name (Please print legibly)*

\_\_\_\_\_  
*Head/Member of Household Signature*

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

\_\_\_\_\_  
*Staff Signature*

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