

CESC Diversion Program Contact Form

Full Name: _____

Contact Information: _____

Date of Birth: _____

Social Security Number: _____

Race:

- American Indian / Alaska Native / Indigenous
- Asian or Asian American
- Black, African American, or African
- Native Hawaiian or Pacific Islander
- White

Ethnicity:

- Hispanic or Latinx
- Non-Hispanic / Non-Latinx

Gender:

- Male
- Female
- Transgender
- Questioning
- A gender other than singularly male or female (e.g., non-binary, genderfluid, agender, etc.)

Military Veteran Status:

- Yes
- No

Zip code of Current Residence: _____

Current Living Situation: _____

Household Composition: _____

Total Monthly Income: _____

Provide a brief description of the assistance you are seeking:

Date Received by Staff: _____