

## 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: \_\_\_\_\_

Who is in the household?: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_

Provide a brief description of the assistance you are seeking:

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Date Received by Staff: \_\_\_\_\_