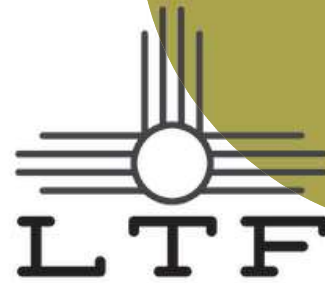


Latino Task Force Resource Hubs



Step 1: Please check off which resource hub location is most convenient for you.

Step 2: Turn over and complete the application.

Step 3: Once completed, you can return the application in one of three ways. Either drop off the application (front and back) at one of the resource hub sites below, during the hours specified. Or, take a picture of both sides and text it to the number below. Or, attach it to an email and send it to the email address below.

Call or Text: (415) 532-7275

Email: LTFhub@gmail.com

Mission Hub

701 Alabama Street

SF CA 94110

Wednesday/Thursday 10 AM- 4 PM

Case de Apoyo in Excelsior

4834 Mission Street

SF CA 94112

Tuesday/Thursday 10 AM - 4 PM

The Hut at Executive Park

150 Executive Park Blvd #2450

SF CA 94134

Fridays 10AM - 4PM

Instagram:
@latinotaskforcesf

Website:
www.ltfrespuestalatina.com



LATINO TASK FORCE RESOURCE AND RECOVERY HUB APPLICATION

APPLICANT INFORMATION *Eligible participants must be San Francisco residents.

NAME: (First)	(Last)	DOB:
ADDRESS: (Street and City)		(Zip code)
RACE/ETHNICITY:	PHONE NUMBER:	SECONDARY PHONE NUMBER:
GENDER:	EMAIL ADDRESS:	
FORMERLY INCARCERATED: <input type="checkbox"/> Yes <input type="checkbox"/> No	LANGUAGE(S): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
SCHOOLS YOUR CHILD(REN) ATTEND:		

ASSESSMENT AND SERVICE NEEDS

<p>Basic Needs and Public Benefits</p> <p><input type="checkbox"/> Food <input type="checkbox"/> WIC <input type="checkbox"/> Affordable Housing <input type="checkbox"/> Tenant Support <input type="checkbox"/> Medical Screening <input type="checkbox"/> Health Education</p> <p>Public Benefits: <input type="checkbox"/> Social Security <input type="checkbox"/> Disability <input type="checkbox"/> Medi-Cal/Healthy SF <input type="checkbox"/> CalFresh <input type="checkbox"/> CalWorks <input type="checkbox"/> CAAP/CAPI <input type="checkbox"/> Unemployment</p> <p><input type="checkbox"/> Case Management for Adults <input type="checkbox"/> Case Management for Young Adults (ages 16-24) <input type="checkbox"/> Case Management for Families w/Children</p> <p><input type="checkbox"/> Basic Needs for Children (up to age 15) <input type="checkbox"/> Basic Needs for Young Adults (ages 16-24) <input type="checkbox"/> Basic Needs for Adults (ages 25+)</p> <p><input type="checkbox"/> Other: _____</p>
<p>Employment, Taxes and Small Business Support</p> <p><input type="checkbox"/> Employment Services (Adult) <input type="checkbox"/> Employment Services (Young Adults 16-24) <input type="checkbox"/> Employment Training <input type="checkbox"/> Career Coaching</p> <p><input type="checkbox"/> ITIN <input type="checkbox"/> Taxes <input type="checkbox"/> Small Business Support <input type="checkbox"/> Other: _____</p>
<p>Economic Relief</p> <p><input type="checkbox"/> Rent Relief <input type="checkbox"/> Move-in Costs <input type="checkbox"/> Other: _____</p>
<p>Education</p> <p><input type="checkbox"/> SFUSD School Enrollment/Transfer <input type="checkbox"/> Summer/Afterschool Programs <input type="checkbox"/> Preschool Enrollment <input type="checkbox"/> College Support</p> <p><input type="checkbox"/> ESL Classes <input type="checkbox"/> GED <input type="checkbox"/> Other: _____</p>
<p>Legal Services</p> <p><input type="checkbox"/> Eviction Defense <input type="checkbox"/> Worker Rights <input type="checkbox"/> Immigration <input type="checkbox"/> Record Expungement <input type="checkbox"/> Other: _____</p>

REFERRAL INFORMATION

Name of Organization/School: _____	Contact Person Making Referral: _____
------------------------------------	---------------------------------------

ADMINISTRATIVE INFORMATION (STAFF ONLY)

<input type="checkbox"/> Mission Hub <input type="checkbox"/> Casa de Apoyo in Excelsior <input type="checkbox"/> The Hut at Executive Park	Date Entered in Tracker: _____
---	---------------------------------------