



Enriching Our Communities by Connecting
Local Employers and Individuals with Opportunities to Succeed

Dear Client/ Parent/Guardian,

Opportunity Networks regularly applies for grant funding to enhance our ability to expand program offerings and update and upgrade our facilities. To be considered for many of these grants we are required to collect demographic information from program participants. This information simply helps us generate funding. It will in no way affect individual's services or state funding.

Please take a moment and fill out the "Self-Declaration of Income Report" form accompanying this letter with information **only for you if you do not have a guardian, or your loved one if you are the guardian** who attends programming with us whether in person or virtually. This information will not be used for any other reason than for collecting information for grant funding purposes and is something we need to update yearly.

Please note that the Participant status should be checked for **INDIVIDUAL**. The household size you check will be **ONE**. The income level you will check is the income level for **you if you do not have a guardian ,or your loved one only if you are the guardian**. If you/they are unemployed please check the box at the bottom. If you decline to participate please check the decline box but still fill out the top with your name or your loved one's name and address, then sign and date the bottom.

If you have any questions or concerns about this form, please contact Stephanie Ouellette . My email address is souellette@opportunitynetworks.org. I will be happy to answer any questions you may have.

Thank you,

Stephanie Ouellette

Community Development Specialist

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116a Perimeter Road, Nashua, NH 03063 * 603-889-0796 * Fax: 603-546-0128

www.opportunitynetworks.org



Self-Declaration of Income Report

Participant Name _____

Address _____

City _____ State _____ Zip _____

PARTICIPANT INFORMATION

Participant Status Individual

Ethnicity Hispanic or Latino NOT Hispanic or Latino

Race

<input type="checkbox"/> White	<input type="checkbox"/> American Indian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaska Native American	<input type="checkbox"/> American Indian/Alaska Native and Black/African
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Decline to participate
<input type="checkbox"/> Other Multi-Racial _____	

Household Information

Household Size One

Yearly Income \$0 - \$21,600 \$21,601 - \$36,700 \$36,701 - \$50,350 \$50,351 +

Check here if Unemployed

Federal regulations require we obtain this information to document assistance is being provided to low and moderate income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

Information provided on this form is kept confidential and is not shared with any other agencies.

Participant/Guardian Name _____ Date _____

Signature _____