Date of Service: Staff Member:

**Section I: Applicant Information**

**Applicant’s Name** (Last, First, Middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date** (mm/dd/yy) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender** **Education** **Military Status**

[ ]  Female [ ]  Grades 0-8 [ ]  Veteran

[ ]  Male [ ]  Grades 9-12 / Non-Grad [ ]  Active Military

[ ]  Other [ ]  High School Grad / GED [ ]  No Military Service

 [ ] 12 grade + some post-secondary

**Ethnicity** (one block **must** be checked) [ ]  2 or 4 year College Grad **Health Status**

[ ]  Hispanic, Latino, or Spanish Origins [ ]  Other post-secondary Grad Disabled? [ ]  Yes [ ]  No

[ ]  Not Hispanic, Latino, or Spanish Origins Health Insurance? [ ]  Yes [ ]  No

 **Work Status** **Health Insurance Sources**

**Race** [ ]  Employed Full-Time [ ]  Medicaid

[ ]  American Indian or Alaska Native [ ]  Employed Part-Time [ ]  Medicare

[ ]  Asian [ ]  Migrant Seasonal Farm Worker [ ]  State Children’s Health Ins.

[ ]  Black or African American [ ]  Unemployed (Less than 6 mo.) [ ]  State Health Ins.for Adults

[ ]  Native Hawaiian / Pacific Islander [ ]  Unemployed (More than 6 mo.) [ ]  Military Health Care Ins

[ ]  White [ ]  Unemployed (Not in Labor Force) [ ]  Direct-Purchase

[ ]  Other [ ]  Retired [ ]  Employment Based Ins.

[ ]  Multi-Race (two or more of the above) [ ]  Currently In School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: Applicant’s Household Information**

**Household Type** **Total Household Income Per Month : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  Single Person **Other Income Source** (Please check **all** blocks that apply)

[ ]  Two Adults NO Children [ ]  TANF [ ]  Child Support

[ ]  Single Parent Female [ ]  SSI [ ]  Alimony / Spousal Support

[ ]  Single Parent Male [ ]  SSDI [ ]  Unemployment Insurance

[ ]  Two Parent Household [ ]  Social Security Retirement [ ]  Earned Income Tax Credit

[ ]  Non-related Adults with Children [ ]  Pension [ ]  General Assistance

[ ]  Multi-generational Household [ ]  Private Disability Insurance [ ]  Other

[ ]  Other [ ]  VA Disability (service-connected)

**Household Size : \_\_\_\_\_\_\_\_\_\_\_** [ ]  VA Disability (non service-connected)

**Housing** **Non-Cash Benefits** (Please check **all** blocks that apply)

[ ]  Own [ ]  SNAP / CAL FRESH [ ]  HUD-VASH

[ ]  Rent [ ]  WIC [ ]  Childcare Voucher

[ ]  Other permanent housing [ ]  LIHEAP [ ]  Affordable Care Act Subsidy

[ ]  Homeless [ ]  Housing Choice Voucher [ ]  Other

[ ]  Other [ ]  Public Housing

 [ ]  Permanent Supportive Housing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: Applicant’s Household Information (cont.)**

**Others Living in Household**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **In School?\_\_\_\_\_\_ Working?\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **In School?\_\_\_\_\_\_ Working?\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **In School?\_\_\_\_\_\_ Working?\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **In School?\_\_\_\_\_\_ Working?\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **In School?\_\_\_\_\_\_ Working?\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **In School?\_\_\_\_\_\_ Working?\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **In School?\_\_\_\_\_\_ Working?\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** (Last, First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age\_\_\_\_\_\_ Birth Date** (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender\_\_\_\_\_\_**

**Education:** [ ]  Grades 0-8 [ ]  Grades 9-12 [ ]  HS Grad / GED

 [ ]  12 Grade plus [ ]  2 or 4 yr college grad [ ]  Other grad **In School?\_\_\_\_\_\_ Working?\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]  Pets #Dogs: \_\_\_\_ #Cats: \_\_\_\_**

**Comment / Note:**

*I certify that the information I have provided on this form is, to the best of my knowledge, complete and correct*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date