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?\_\_\_\_\_\_\_**

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**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?\_\_\_\_\_\_\_**

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**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?\_\_\_\_\_\_\_**

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**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?\_\_\_\_\_\_\_**

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**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?\_\_\_\_\_\_\_**

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**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?\_\_\_\_\_\_\_**

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**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