HOUSEHOLD/FAMILY INFORMATION

HEAD OF HOUSEHOLD/APPLICANT							
Name*:							
Date of birth* (mo/day/yr):	Gender*: ☐ Male ☐ Female ☐ Other	Military: ☐ Active Duty ☐ Veteran ☐ N/A					
Race: ☐ American Indian and Alaskan Native ☐ Asian ☐ Black or African American ☐ White ☐ Other ☐ Multi-Race (any 2 or more of the above)		Ethnicity: ☐ Hispanic, Latino, or Spanish Origin ☐ Not Hispanic, Latino or Spanish Origin					
Education: ☐ Currently Enrolled ☐ 0-8 Grade ☐ 9-12 Grade/Non-Graduate ☐ High School Graduate/Equivalent Diplom	 □ Not currently Enrolled □ 12+ Some Post-Secondary □ 2 or 4 yr College Graduate a □ Other Post-Secondary Graduate 	Work Status: ☐ Employed Full-Time ☐ Unemployed (≤6mo) ☐ Employed Part-Time ☐ Unemployed (>6mo) ☐ Migrant Seasonal ☐ Never Employed Farmworker ☐ Retired					
Housing: Other Permanent Housin Other Rent If Other, please list: Homeless	Disabled:	Household Type: Single Person Two Adults (No Children) Single Parent/Female Single Parent/Male Two-Parent Household Non-related Adults w/Children Multi-generation Other					
	HOUSEHOLD MEMBER 1						
Name*:							
Date of birth* (mo/day/yr): Gender*: □ Male □ Female □ Othe		Military: □ Active Duty □ Veteran □ N/A					
Race: ☐ American Indian and Alaskan Native ☐ Asian ☐ Black or African American ☐ White ☐ Other ☐ Multi-Race (any 2 or more of the above)		Ethnicity: ☐ Hispanic, Latino, or Spanish Origin ☐ Not Hispanic, Latino or Spanish Origin					
Education: ☐ Currently Enrolled ☐ 0-8 Grade ☐ 9-12 Grade/Non-Graduate ☐ High School Graduate/Equivalent Diplom	 □ Not currently Enrolled □ 12+ Some Post-Secondary □ 2 or 4 yr College Graduate a □ Other Post-Secondary Graduate 	Work Status: □ Employed Full-Time □ Unemployed (≤6mo) □ Employed Part-Time □ Unemployed (>6mo) □ Migrant Seasonal □ Never Employed Farmworker □ Retired					
Relation to HoH/Applicant: Disabled: Yes No							
Spouse □ Other		Health Insurance:					
If Other, □ Child	please list:	□ None □ Military					
□ Parent ———		□ Direct/Private □ State/Adults □ Employer Based □ State/Child □ Medicaid □ Other					

*= REQUIRED FIELD

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HOUSEHOLD MEMBER 2						
Name*:						
Date of birth* (mo/day/yr): Gender*: ☐ Male ☐ Female ☐ Other			Military: ☐ Active Duty ☐ Veteran ☐ N/A			
Race: ☐ American Indian and Alaskan Native ☐ Asian ☐ Black or African American ☐ Multi-Race (any 2 or more of the above)			Ethnicity: ☐ Hispanic, Latino, or Spanish Origin ☐ Not Hispanic, Latino or Spanish Origin			
Education: ☐ Currently Enrolled ☐ 0-8 Grade ☐ 9-12 Grade/Non-Graduate ☐ High School Graduate/Equivalent Diploma	 □ Not currently Enrolled □ 12+ Some Post-Secondary □ 2 or 4 yr College Graduate □ Other Post-Secondary Graduate 		Work Status: ☐ Employed Full-Time ☐ Employed Part-Time ☐ Migrant Seasonal Farmworker	 □ Unemployed (≤6mo) □ Unemployed (>6mo) □ Never Employed □ Retired 		
Relation to HoH/Applicant: Disabled: Yes No						
☐ Spouse ☐ Other ☐ Child ☐ Parent ☐ Other	e list:	Hea	Ith Insurance: lone pirect/Private mployer Based			
	HOUSEHOLD MEMBER 3					
Name*:						
Date of birth* (mo/day/yr):	Gender*: ☐ Male ☐ Female ☐ Other		Military : □ Active Dut	ty □ Veteran □ N/A		
Race: American Indian and Alaskan Native Asian Black or African American Native Hawaiian and Other Pacific Islander White Other Multi-Race (any 2 or more of the above)		Ethnicity: ☐ Hispanic, Latino, or Spanish Origin ☐ Not Hispanic, Latino or Spanish Origin				
Education: Currently Enrolled	☐ Not currently Enrolled		Work Status:			
☐ 0-8 Grade ☐ 9-12 Grade/Non-Graduate ☐ High School Graduate/Equivalent Diploma	☐ 12+ Some Post-Secondary ☐ 2 or 4 yr College Graduate ☐ Other Post-Secondary Graduate		☐ Employed Full-Time ☐ Employed Part-Time ☐ Migrant Seasonal Farmworker	☐ Unemployed (≤6mo)☐ Unemployed (>6mo)☐ Never Employed☐ Retired		
Relation to HoH/Applicant: Disabled: Yes No						
☐ Spouse ☐ Other ☐ Child ☐ Parent ☐ Other	Hea ist:		Ith Insurance: lone Direct/Private mployer Based	☐ Medicare☐ Military☐ State/Adults☐ State/Child☐ Other		
SIGNATURE						
I authorize the verification of the information provided on this form is accurate and completed to the best of my knowledge.						
Signature of applicant*: Date*:						

*=REQUIRED FIELD