HOUSEHOLD/FAMILY INFORMATION
(ADDITIONAL MEMBERS)

ADDITIONAL HOUSEHOLD MEMBER

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
- ◯ 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
- ◯ 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

Work Status:
- ◯ Employed Full-Time
- ◯ Employed Part-Time
- ◯ Migrant Seasonal Farmworker
- ◯ Unemployed (≤6mo)
- ◯ Unemployed (>6mo)
- ◯ Never Employed
- ◯ Retired

Relation to HoH/Applicant:
- ◯ Spouse
- ◯ Child
- ◯ Parent
- ◯ Other

If Other, please list:

_____

Disabled: ◯ Yes ◯ No

Health Insurance:
- ◯ None
- ◯ Direct/Private
- ◯ Employer Based
- ◯ Medicaid
- ◯ Medicare
- ◯ Military
- ◯ State/Adults
- ◯ State/Child
- ◯ Other

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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