## HOUSEHOLD/FAMILY INFORMATION (ADDITIONAL MEMBERS)

ADDITIONAL HOUSEHOLD MEMBER						
Name*:						
Date of birth* (mo/day/yr):	Gender*: ☐ Male ☐ Female ☐ Other	М	ilitary: 🗆 Active Du	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 ☐ 0-8 Grade ☐ 9-12 Grade/Non-Graduate ☐ High School Graduate/Equivalent Diploma	<ul> <li>□ Not currently Enrolled</li> <li>□ 12+ Some Post-Secondary</li> <li>□ 2 or 4 yr College Graduate</li> <li>□ Other Post-Secondary Graduate</li> </ul>		York Status:    Employed Full-Time   Employed Part-Time   Migrant Seasonal	<ul><li>☐ Unemployed (≤6mo)</li><li>☐ Unemployed (&gt;6mo)</li><li>☐ Never Employed</li><li>☐ Retired</li></ul>		
Relation to HoH/Applicant:			sabled:  Yes  No			
☐ Spouse ☐ Other ☐ Child ☐ Parent ☐ Other ☐ O	e list:	☐ None	e ct/Private loyer Based	<ul><li>☐ Medicare</li><li>☐ Military</li><li>☐ State/Adults</li><li>☐ State/Child</li><li>☐ Other</li></ul>		
ADDITIONAL HOUSEHOLD MEMBER						
Name*:						
Date of birth* (mo/day/yr):	<b>Gender</b> *: ☐ 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 ☐ 0-8 Grade ☐ 9-12 Grade/Non-Graduate ☐ High School Graduate/Equivalent Diploma	<ul> <li>□ Not currently Enrolled</li> <li>□ 12+ Some Post-Secondary</li> <li>□ 2 or 4 yr College Graduate</li> <li>□ Other Post-Secondary Graduate</li> </ul>		York Status:    Employed Full-Time   Employed Part-Time   Migrant Seasonal	<ul><li>☐ Unemployed (≤6mo)</li><li>☐ Unemployed (&gt;6mo)</li><li>☐ Never Employed</li><li>☐ Retired</li></ul>		
Relation to HoH/Applicant: Dis		Disable	abled:  Yes  No			
☐ Spouse ☐ Other ☐ Child ☐ Parent ☐ Other ☐ Parent	e list:	Health  None	Insurance: e ct/Private loyer Based	<ul><li>☐ Medicare</li><li>☐ Military</li><li>☐ State/Adults</li><li>☐ State/Child</li><li>☐ Other</li></ul>		

\*= REQUIRED FIELD

CONTINUED ON BACK ->

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 ☐ 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	<ul> <li>□ Not currently Enrolled</li> <li>□ 12+ Some Post-Secondary</li> <li>□ 2 or 4 yr College Graduate</li> <li>□ Other Post-Secondary Graduate</li> </ul>	Work Status:  ☐ Employed Full-Time ☐ Unemployed (≤6m) ☐ Employed Part-Time ☐ Unemployed (>6m) ☐ Migrant Seasonal ☐ Never Employed Farmworker ☐ Retired			
Relation to HoH/Applicant:		Disabled: ☐ Yes ☐ No			
☐ Spouse ☐ Other ☐ Child ☐ Parent ☐ Other ☐ Other ☐ Other ☐ If Other, place ☐ Other ☐ Other ☐ If Other, place ☐ Other	ease list:	Health Insurance:       □ Medicare         □ None       □ Military         □ Direct/Private       □ State/Adults         □ Employer Based       □ State/Child         □ Medicaid       □ Other			
	ADDITIONAL HOUSEHOLD MEME	BER			
Name*:					
Date of birth* (mo/day/yr):	Gender*: ☐ Male ☐ Female ☐ Other	Military: ☐ Active Duty ☐ Veteran ☐ N/A			
☐ 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  ☐ 0-8 Grade ☐ 9-12 Grade/Non-Graduate ☐ High School Graduate/Equivalent Diploma	<ul> <li>□ Not currently Enrolled</li> <li>□ 12+ Some Post-Secondary</li> <li>□ 2 or 4 yr College Graduate</li> <li>□ Other Post-Secondary Graduate</li> </ul>	Work Status:  □ Employed Full-Time □ Unemployed (≤6m □ Employed Part-Time □ Unemployed (>6m □ Migrant Seasonal □ Never Employed Farmworker □ Retired			
Relation to HoH/Applicant:		Disabled: ☐ Yes ☐ No			
☐ Spouse ☐ Other If Other, pl	ease list:	Health Insurance: ☐ Medicare ☐ None ☐ Military ☐ Direct/Private ☐ State/Adults ☐ Employer Based ☐ State/Child ☐ Medicaid ☐ 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*:				

<sup>\*=</sup>REQUIRED FIELD