

DATE: _____

FIRST NAME: _____ M _____ F _____ TG _____

MIDDLE NAME: _____ LAST NAME: _____

SS # _____ - _____ - _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

HOUSING: rent rent-subsidized(housing/Section 8) homeowner homeless
doubled-up (staying somewhere temporarily)

ETHNIC ORIGIN (Circle): Hispanic African-American Caucasian
Native American Asian/Pacific Islander Other

CRIMINAL BACKGROUND: YES _____ NO _____

HISTORY DRUG & ALCOHOL: YES _____ NO _____

ACTIVE MILITARY: YES _____ NO _____

VETERAN: YES _____ NO _____

EMPLOYED: YES _____ NO _____

DISABLED: YES _____ NO _____

DOLLAR AMOUNT OF MONTHLY INCOME: \$ _____

Unemployment Benefits: \$ _____ Employment Salary: \$ _____

SSI: \$ _____ SSD: \$ _____ Welfare: \$ _____

Food Stamps: \$ _____ Child Support: \$ _____ Other: \$ _____

CIRCLE LEVEL OF EDUCATION COMPLETED:

Elementary School Middle School High School non-graduate High School Graduate or GED
Post-Secondary (college, technical school) 2 or 4 Years of College

HEALTH INSURANCE: YES _____ NO _____

Private _____ Medicaid (Access) _____ Medicare _____

CIRCLE TOTAL # of PEOPLE IN HOUSEHOLD: 1 2 3 4 5 6 7 8 9 10

DEPENDENTS:

NAME	SEX (M/F)	D.O.B. (MM/DD/YYYY)	SSN	RELATION

Email _____ @ _____

Phone Number _____ - _____ - _____