

HOUSEHOLD DEMOGRAPHICS

Head of Household Information

First Name:	Middle Initial:	Last Name:	
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female
Address:	City:	Zip Code:	Phone:

Head of Household Personal Information

Education	0-8 th grade	9-12 th grade	HS Graduate	GED	12+ secondary	2-4 college grad	
Disabled	Yes No		Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial Other	
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
Not working AND Not in school: YES/NO Reason:							
Health Insurance	NONE		Direct Purchase	Military		Medicare	
Medicaid	State Children CHIP		State-Adult		Employment Based		
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

Veteran	Yes	No	Eligible Veteran Spouse			YES	NO
Veteran	Service start date		Service End Date	Service Connected Disability	Yes	No	% Disabled

Household and Residence Information

Family Type	Extended Family		Multigenerational	Other	Single Parent Female		
Single Parent Male	Single Person		2 adults no Children		2 Parent Household		
Housing	Own	Rent	Temporary Quarters	Homeless	If Owned Year House was Built		
Residence Type	Apt Rented			Mobile Home Rented		Single Family Home Rented	
Mobile Home Owned	Single Family Home Owned		Temporary Quarters			Homeless	

Household Needs			
Employment Assistance		Housing	Medical-Insurance
Employment Resume		Utility Assistance	Medical-Pregnancy
Family		Weatherization	Training -ESL
Food Stamps -WIC		Legal Referral	Training-GED
Food-Emergency Food		Medical Prescriptions	Training-Voc. Ed

Complete all Sections

Spouse or Other Household Member

Describe Emergency Situation

Spouse or Other Household Member

<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>	
<i>Relationship to Head of Household:</i>	<i>Date of Birth:</i>	<i>Social Security #:</i>	<i>Gender:</i> Male Female

Spouse or Other Household Member Personal Information

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Veteran	Yes	No	Eligible Veteran Spouse				YES	NO
Veteran	<i>Service start date</i>		<i>Service End Date</i>		<i>Service Connected Disability</i>	Yes	No	<i>% Disabled</i>

Certification Statement
 I certify that the above information is true and accurate. I also understand that during verification should any part be false, participation may be terminated. I also understand that that the information contained will be held in confidence and be used to determine eligibility and program planning. I understand that this information will be shared with Federal, State and local agencies as necessary.

Applicant Name _____ Client Name _____ Date _____ Staff Signature _____ Date _____

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