

Applicant & Family Member Information

Applicant								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	
Primary Health Coverage		Other Coverage	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home		
				<input type="checkbox"/> Not Eligible				
				<input type="checkbox"/> On Medicaid				
				<input type="checkbox"/> Potentially				
Dental Coverage		Dental Coverage #		Dentist/Dental Home				

Primary Adult								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:		
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family		
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support		
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Master's						
Email Address:								

Secondary or Other Adult								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply:		
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives with Family		
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	<input type="checkbox"/> Provides Financial Support		
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative			<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster			If teen parent, subsidized?	
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Master's						
Email Address:								

Additional Child (Non Applicant) *								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	

Additional Child (Non Applicant) *								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate		
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None		
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient	

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Family Information, Income & Contacts

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Family Information							
Family Living Address							
Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County	
Family Mailing Address							
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)		Type (check one)		Note (extension or best time to call)		Opt In for Text Messages	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Income							
Income Verified by			Verification Date		TANF Status		SSI
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)		Note
	\$		\$				
	\$		\$				
	\$		\$				
Income Notes							
Child has a Disability/Special Needs: Yes _____ No _____ Please Explain: _____							
Emergency Contacts							
Contact 1	Name		Relationship		Emergency Contact		Release To
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		ZIP		City		State
Contact 2	Phone Number 1		Phone Number 2		Phone Number 3		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
	Name		Relationship		Emergency Contact		Release To
					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 3	Address		ZIP		City		State
	Phone Number 1		Phone Number 2		Phone Number 3		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal

Parent/Guardian Signature _____ Date _____