

<u>First Name</u>	<u>MI</u>	<u>Last Name</u>	<u>Suffix</u>	<u>SS Number</u>	<u>Date of Birth</u>	<u>Home Phone</u> / <u>Ext</u>
				- -	/ /	

<b>Service Address:</b>	<b>Mailing Address:</b>	<b>Alt:</b>
<b>City:</b>	<b>City:</b>	<b>State:</b>
<b>County</b>	<b>County:</b>	<b>Zip:</b>

<b>Marital Status</b>	<b>Gender</b>	<b>Insurance</b>	<b>Language</b>	<b>Tribe</b>	<b>Transportation</b>
<ul style="list-style-type: none"> <li>• Single</li> <li>• Married</li> <li>• Separated</li> <li>• Divorced</li> <li>• Widowed</li> <li>• Partner</li> </ul>	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Anonymous</li> </ul>	Type: _____ ID: _____	English: Yes / No  Other _____	Tribal Name _____	<ul style="list-style-type: none"> <li>• Own</li> <li>• Public</li> <li>• Friend</li> <li>• None</li> </ul>

<b>Race/Ethnicity</b>	<b>Family Type</b>	<b>Living Arrangements</b>	<b>Dwelling Type</b>	<b>Characteristics</b>
<ul style="list-style-type: none"> <li>• Alaska Native</li> <li>• Asian</li> <li>• Bi-racial or Multi-racial</li> <li>• Black or African American</li> <li>• Caucasian or White</li> <li>• Hispanic or Latino Origin</li> <li>• Native American</li> <li>• Middle Eastern</li> <li>• Native Hawaiian or Pacific Islander</li> <li>• Unspecified</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Custodial Parent</li> <li>• Foster</li> <li>• Grandparent(s)</li> <li>• Legal Guardian/Placement</li> <li>• Multiple Adults/No Children</li> <li>• Multiple Adults/Children</li> <li>• Single Parent-Female</li> <li>• Single Parent-Male</li> <li>• Single Person</li> <li>• Two Adults/Children</li> <li>• Two Adults/No Children</li> <li>• Two Parent Household</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Homeless</li> <li>• Living with Friends/Family</li> <li>• Own</li> <li>• Rent/Subsidized</li> <li>• Rent/Unsubsidized</li> <li>• Transitional</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Duplex</li> <li>• Mobile Home</li> <li>• Mobile Home w/Add On Room(s)</li> <li>• Modular</li> <li>• Multi-Family</li> <li>• Row House</li> <li>• Shelter</li> <li>• Site Built</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Applicant</li> <li>• DHHR Custody</li> <li>• Disabled</li> <li>• Elderly</li> <li>• Farmer</li> <li>• Infant/Toddler</li> <li>• Migrant Worker</li> <li>• Pregnant</li> <li>• Retired</li> <li>• Seasonal Worker</li> <li>• Self Employed</li> <li>• Student</li> <li>• Veteran</li> <li>• Other</li> </ul>

<b>Education</b>	<b>Service(s) Needed</b>	<b>Income/Type</b>	<b>Other ID Numbers</b>
<ul style="list-style-type: none"> <li>• Post Graduate</li> <li>• 4 Year College Degree</li> <li>• 2 Year College Degree</li> <li>• Technical/Trade Certification</li> <li>• High School Graduate/Plus</li> <li>• High School Graduate</li> <li>• GED</li> <li>• 9-12 Non-Graduate</li> <li>• 9-12 In school</li> <li>• K-8</li> <li>• Head Start</li> <li>• Early Head Start</li> <li>• Not yet in school</li> </ul>	<ul style="list-style-type: none"> <li>• Early Head Start</li> <li>• Education</li> <li>• Emergency Assistance</li> <li>• Employment Assistance</li> <li>• Head Start</li> <li>• Housing Assistance</li> <li>• LIEAP</li> <li>• Senior Programs</li> <li>• Training Assistance</li> <li>• Weatherization</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>	<ul style="list-style-type: none"> <li>• Alimony/Child support _____</li> <li>• Black Lung Benefit _____</li> <li>• Earnings _____</li> <li>• Educational Assistance _____</li> <li>• Estates/Trusts _____</li> <li>• Interest/Dividends _____</li> <li>• Pension/Retirement _____</li> <li>• Public Assistance _____</li> <li>• Rental Income _____</li> <li>• Royalties _____</li> <li>• Social Security _____</li> <li>• SSI _____</li> <li>• Unemployment _____</li> <li>• Veteran's Benefit _____</li> <li>• Worker's Compensation _____</li> <li>• Other _____</li> </ul>	<ul style="list-style-type: none"> <li>• CHIPS _____</li> <li>• Drivers License _____</li> <li>• Food Stamps _____</li> <li>• Insurance _____</li> <li>• MediCAID _____</li> <li>• MediCARE _____</li> <li>• Weatherization Job # _____</li> <li>• WIC (yes/no) _____</li> <li>• Other _____</li> </ul>
			<b>(Agency Use Only)</b>
			Total Household Income: _____

**Household Information:** (Please use information lists from the front page to complete these items.)

<u>Full Name</u>	<u>Birth Date</u>	<u>Relationship</u>	<u>SS#</u>	<u>Ethnicity</u>	<u>Gender</u>	<u>Income Amount</u>
<u>Education</u>	<u>Characteristics</u>	<u>Insurance</u>	<u>Other ID's</u>	<u>Marital Status</u>	<u>Primary Language</u>	<u>Income Type</u>

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<u>Education</u>	<u>Characteristics</u>	<u>Insurance</u>	<u>Other ID's</u>	<u>Marital Status</u>	<u>Primary Language</u>	<u>Income Type</u>

I, the undersigned, certify under penalty the information given by me for this application or other use by this agency is true and correct to the best of my knowledge. I authorize this agency to contact all sources to verify any information I have provided, and furthermore to obtain additional information deemed necessary to process or assist me or other persons listed in this application. I authorize this agency to share this information with other agencies as needed to assist in providing the requested services. I further agree to notify this agency of any substantial changes in the situation or status of any person listed in this application.

Applicants Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_