



## Universal Application for Services

### Add'l Household Member Information (Page 1 of 2)

**\* REQUIRED FIELDS**

<b>Last Name*</b>	<input type="text"/>
<b>First Name*</b>	<input type="text"/>
<b>Mid Name</b>	<input type="text"/>
	<b>Relationship to Applicant*</b>
	<input type="text"/>
	<b>Birth Date*</b>
	<input type="text"/>
	<b>Social Security Num</b>
	<input type="text"/>

PLEASE CHECK ONE

**Education\***

- 0-8
- 9-12/NON-GRADUATE
- HIGH SCHOOL GRAD
- GED
- 12 GRADE + SOME POST-SECONDARY
- 2 OR 4 YEARS COLLEGE GRADUATE
- GRAD OF OTHER POST-SECONDARY SCHOOL

PLEASE CHECK ONE

**Gender\***

- MALE
- FEMALE
- OTHER

PLEASE CHECK ONE

**Disabling Condition\***

- YES
- NO

PLEASE CHECK ONE

**Race\***

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BIRACIAL/MULTI-RACIAL
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- OTHER
- WHITE

PLEASE CHECK ONE

**Ethnicity\***

- NON-HISPANIC OR LATINO
- HISPANIC OR LATINO

PLEASE CHECK ONE

**Employment Status\***

- N/A CHILD UNDER 18 YEARS OLD
- EMPLOYED FULL-TIME
- EMPLOYED PART-TIME
- MIGRANT SEASONAL FARM WORKER
- RETIRED
- UNEMPLOYED (LONG-TERM, MORE THAN 6 MONTHS)
- UNEMPLOYED (NOT IN LABOR FORCE)
- UNEMPLOYED (SHORT-TERM, 6 MONTHS OR LESS)

PLEASE CHECK ALL THAT APPLY

**Health Insurance\***

- NONE
- DIRECT-PURCHASE
- MILITARY
- MEDICARE
- MEDICAID
- STATE CHILDREN
- STATE ADULT
- EMPLOYMENT BASED

PLEASE CHECK ONE

**Not Working and not in School\* (Ages 14-24 only)**

- YES/TRUE
- NO/FALSE

If NO, please key name of Employer and/or School below

PLEASE CHECK ONE

**Primary Language**

- ENGLISH
- SPANISH
- NATIVE CENTRAL AMERICAN, SOUTH AMERICAN & MEXICAN
- CARIBBEAN
- MIDDLE EASTERN & SOUTH ASIAN
- EAST ASIAN
- NATIVE NORTH AMERICAN/ALASKA NATIVE
- PACIFIC ISLAND
- EUROPEAN & SLAVIC
- AFRICAN
- OTHER

PLEASE CHECK ONE

**Citizenship Status (Not Required to Fill Out)**

- CITIZEN
- LEGAL ALIEN
- UNDOCUMENTED
- DECLINE TO ANSWER

PLEASE CHECK ONE

**Military Status\***

- ACTIVE
- NEVER IN MILITARY
- VETERAN





## Universal Application for Services

### Add'l Household Member Information (Page 2 of 2)

**\* REQUIRED FIELDS**

<b>TOTAL GROSS INCOME AMOUNT IN THE LAST 30 DAYS (BEFORE TAXES) FOR THIS 1 HOUSEHOLD MEMBER*</b>	\$ _____	<b>AND IN LAST 12 MONTHS*</b>	\$ _____
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*PLEASE CHECK AND INDICATE AMOUNT FOR ALL INCOME SOURCES THAT APPLY TO THIS INDIVIDUAL IN THE HOUSEHOLD*

INCOME SOURCE(S):*	AMOUNT LAST 30 DAYS.*:
<b>NO INCOME:</b>	<input type="checkbox"/> \$0
<b>EMPLOYMENT:</b>	
Full Time Job	<input type="checkbox"/> \$ _____
Paid In Cash	<input type="checkbox"/> \$ _____
Part Time Job	<input type="checkbox"/> \$ _____
Self Employed	<input type="checkbox"/> \$ _____
<b>BENEFIT:</b>	
Long Term Disability	<input type="checkbox"/> \$ _____
Short Term Disability	<input type="checkbox"/> \$ _____
Social Security	<input type="checkbox"/> \$ _____
SSI / SSDI	<input type="checkbox"/> \$ _____
TANF	<input type="checkbox"/> \$ _____
TCA Temporary Cash Assistance	<input type="checkbox"/> \$ _____
Unemployment	<input type="checkbox"/> \$ _____
Veteran Benefits	<input type="checkbox"/> \$ _____
Worker's Compensation	<input type="checkbox"/> \$ _____
<b>OTHER:</b>	
~No Income~	<input type="checkbox"/> \$ _____
Child Support/ Alimony	<input type="checkbox"/> \$ _____
Gift	<input type="checkbox"/> \$ _____
Interest	<input type="checkbox"/> \$ _____
Other	<input type="checkbox"/> \$ _____
Pension	<input type="checkbox"/> \$ _____