

HOUSEHOLD MEMBER INFORMATION

_____/_____
Name: (last, first)

Solicitante: (ultimo, primero)

_____/_____/_____
Birthdate: (mo/day/yr)

Fecha de nacimiento: (mes/día/año)

_____-_____-_____
Social Security Number

Número de seguridad social

Relationship: Daughter Father

Granddaughter Grandparent Grandson

Mother Partner Roommate Son

Spouse Other _____

Relación

Phone Number:

Número de teléfono

Gender: Male Female

Education: Some College (Post-Secondary)

GED 10th 11th 12th 9th or less High

School Graduate Associate's Bachelor's

Educación

Race: Asian Black/African American

Caucasian/White Hispanic Native American

Pacific Islander Other

Raza

Disabled: Yes No

Discapacitado

Health Insurance: Yes No

Seguro de salud

Insurance Source: Medicaid CHIP

Medicare PCN Job Based Private

Other _____

Fuente de Seguros

Veteran: Yes No

WIC: Yes No

Food Stamps: Yes \$_____ No

Cupones de alimentos

Employment Status: Employed Full-Time

Part-Time Seasonal Unemployed

Estado de Empleo

Employer: _____

Empleador

Source of Income: Child Support Alimony

Employment Pension Social Security

SSI General Assistance TANF/FEP

Unemployment Grant/Financial Aid

Other _____

Fuente de ingreso

Monthly Income: _____

Weekly Income: _____

Annual Income: _____

Ingresos mensual, Ingresos semanal, Ingresos anuales

18 or Older