| Head of Household: D | Date: |
|----------------------|-------|
|----------------------|-------|

| Additional | Household | Members (| Adults and | Children) |
|------------|-----------|-----------|------------|-----------|
|------------|-----------|-----------|------------|-----------|

:

| Name | | SSN | |
|----------------|---|----------------|--|
| Birth Date | | Gender | |
| Phone | | Disabled | □Yes □No |
| Email | | Veteran | □Yes □No □Active |
| Education | □0-8 □12+ Some Post-Secondary □College Grad □9-12 non-Graduate □GED □High School Grad □Graduate of other post-Secondary | Race | ☐American Indian or Alaskan Native ☐Asian ☐Biracial/Multi-Racial ☐Black or African American ☐Native Hawaiian or other Pacific Islander ☐White ☐Other |
| Work Status | ☐Full Time ☐Part Time ☐Seasonal☐Retired ☐Not in Labor Force☐Unemployed Less than 6 months☐Unemployed More than 6 months | Ethnicity | ☐Hispanic or Latino ☐Not Hispanic or Latino |
| Health Ins. | □None □Direct Purchase □Military □Medicare □Medicaid □State Children □State Adult □Employment Based □Other | Marital Status | ☐Married ☐Single ☐Divorced ☐Domestic Partner ☐Separated ☐Widowed |

| Name | | SSN | |
|-------------|-----------------------------------|----------------|------------------------------------|
| Birth Date | | Gender | |
| Phone | | Disabled | □Yes □No |
| Email | | Veteran | □Yes □No □Active |
| Education | □0-8 □12+ Some Post-Secondary | Race | ☐American Indian or Alaskan Native |
| | □College Grad □9-12 Non Graduate | | □Asian □Biracial/Multi-Racial |
| | □GED □High School Grad | | ☐Black or African American |
| | ☐Graduate of other Post-Secondary | | ☐Native Hawaiian or other Pacific |
| | | | Islander □White □Other |
| Work | □Full Time □Part Time □Seasonal | Ethnicity | ☐Hispanic or Latino |
| Status | □Retired □Not in Labor Force | | ☐Not Hispanic or Latino |
| | ☐Unemployed Less than 6 months | | |
| | ☐Unemployed More than 6 months | | |
| Health Ins. | □None □Direct Purchase | Marital Status | ☐Married ☐Single ☐Divorced |
| | ☐Military ☐Medicare ☐Medicaid | | □Domestic Partner □Separated |
| | □State Children □State Adult | | □Widowed |
| | □Employment Based | | |
| | □Other | <u> </u> | |