

Head of Household: _____

Date: _____

Additional Household Members (Adults and Children)

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

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Education	<input type="checkbox"/> 0-8 <input type="checkbox"/> 12+ Some Post-Secondary <input type="checkbox"/> College Grad <input type="checkbox"/> 9-12 Non Graduate <input type="checkbox"/> GED <input type="checkbox"/> High School Grad <input type="checkbox"/> Graduate of other Post-Secondary	Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Biracial/Multi-Racial <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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