

Case Name: _____ Case Number: _____

Additional Persons - Complete for your spouse, children and others for whom you are applying.



First Name	Middle Name	Last Name	Suffix	Relationship to you?
Social Security Number		Date of Birth (month/day/year)		Sex
_ - _ - _ - _ - _ -				<input type="checkbox"/> M <input type="checkbox"/> F

If applying for food assistance only, you do not need to answer this question.

Pregnant? No Yes Due Date _____

Applying for: (Check all that apply)

Cash
 Food Assistance
 Child Care
 None

Does **THIS PERSON** have a disability? No Yes If Yes, please explain: _____

If Yes, will the disability last for at least 12 months? No Yes

Is **THIS PERSON** a U.S. citizen or national? No Yes

If **THIS PERSON** is not a U.S. citizen or national, do they have eligible immigration status? No Yes

Document type: _____ ID Number: _____

Has **THIS PERSON** lived in the U.S. since 1996? No Yes

Race and Ethnicity (OPTIONAL - check all that apply)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other

If Hispanic/Latino, ethnicity (check all that apply)

Mexican
 Mexican American
 Chicano/a
 Puerto Rican
 Cuban
 Other

Students

Is **THIS PERSON** a student?

No Yes

If yes, please complete the following:

Part Time Full Time Grade: _____ Where Enrolled: _____

Agency Use Only

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