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	
				M 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)					
S Cash Food Assistance Child Care None					
Does THIS PERSON have a disability?					
If Yes, will the disability last for at least 12 months? No Yes					
Is THIS PERSON a U.S	6. citizen or national?	No Yes			
		al, do they have eligible immigratio			
	d in the LLC since 1000	ID Number: P			
	ed in the U.S. since 1996?				
Race and Ethnicity (OPTIONAL - check all that apply) White American Indian Japanese Other Asian Samoan					
Black or African or Alaska Native Korean Native Hawaiian Other Pacific					
American Asian Indian Vietnamese Guamanian or Islander					
Chamorro Other					
If Hispanic/Latino, ethnicity (check all that apply)					
Mexican Mexican American Chicano/a Puerto Rican Cuban Other					
Students					
Is THIS PERSON a student? If yes, please complete the following: No Yes Part Time Full Time Grade: Where Enrolled:					
		Agonov Lloo Only			
Agency Use Only					

	•	e for your spouse, you are applying.	\	\$&	
First Name	Middle Name	Last Name	Suffix	Relationship to you?	
Social Security Number		Date of Birth (month/day/year)		Sex	
				M 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)					
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)					
White Black or African American Chinese	American Indian or Alaska Native Asian Indian Filipino	Japanese Korean Vietnamese	Other Asi Native Ha Guamani Chamorre	awaiian Dther Pacific an or Islander	
If Hispanic/Latino, ethnicity (check all that apply) Mexican Mexican American Chicano/a Puerto Rican Other					
Students					
Is THIS PERSON a student? If yes, please complete the following: No Yes Part Time Full Time Grade: Where Enrolled:					

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