

Additional Household Member

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

Phone	Home- () - - Cell- () - - Work- () - - X	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- _____ <input type="checkbox"/> Block from Search
SS#	- - <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	/ / MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
		Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

Household Type	<input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing	<input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply)	<input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR		<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old

Income	
Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources..... <i>(No-Income Affidavit Required)</i> <input type="checkbox"/> Employment Earnings..... \$_____00 <input type="checkbox"/> Other Income Sources <input type="checkbox"/> TANF..... \$_____00 <input type="checkbox"/> SSI..... \$_____00 <input type="checkbox"/> SSDI..... \$_____00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$_____00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$_____00 <input type="checkbox"/> Private Disability Insurance..... \$_____00 <input type="checkbox"/> Worker’s Compensation..... \$_____00 <input type="checkbox"/> Retirement Income from Social Security..... \$_____00 <input type="checkbox"/> Pension..... \$_____00 <input type="checkbox"/> Child Support..... \$_____00 <input type="checkbox"/> Alimony or other Spousal Support..... \$_____00 <input type="checkbox"/> Unemployment Insurance..... \$_____00 <input type="checkbox"/> EITC..... \$_____00 <input type="checkbox"/> Other..... \$_____00 <input type="checkbox"/> Non-Cash Benefits <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other Total Monthly Income..... \$_____00

Employment		
Work Status	<p>Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)</p>	<p>Current Employer Name: _____ Employed Since: ___/___/_____ MM DD YYYY</p> <p>2nd Current Employer Name: _____ Employed Since: ___/___/_____ MM DD YYYY</p>