



Additional Household Members

Please complete information for each additional person in the home.

Name: _____ DOB: _____ Phone: _____ Email: _____

Relationship to Head of Household: Adult Child Authorized Representative Child Extended Family Foster Child Grandchild Other Adult Other Child Parent Spouse/Significant Other

Gender Female Male Prefer not to say

Race Alaskan Native/American Indian Asian White Black/African American Native American/Pacific Islander Prefer not to say

Ethnicity Hispanic/Latino Not Hispanic/Latino Prefer not to say

Receiving Disability? Yes No

Health Insurance No Insurance Indigent or County CHIP Employer Medicaid Medicare Private State Ins Insured - Unknown VA/Tricare

Preferred Language English Spanish Other: _____

For adults only

Marital Status Divorced Married Single Separated Widowed

Employment Status Employed Full Time Employed Part Time Not Employed Retired Unable to Work

Veteran Status Active Duty Not Applicable Veteran Spouse of veteran

Education Not a High School Graduate High School/GED Advanced Degree Bachelors Some College or Associates

Name: _____ DOB: _____ Phone: _____ Email: _____

Relationship to Head of Household: Adult Child Authorized Representative Child Extended Family Foster Child Grandchild Other Adult Other Child Parent Spouse/Significant Other

Gender Female Male Prefer not to say

Race Alaskan Native/American Indian Asian White Black/African American Native American/Pacific Islander Prefer not to say

Ethnicity Hispanic/Latino Not Hispanic/Latino Prefer not to say

Receiving Disability? Yes No

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