

Applicant Information

Complete for individuals who are applying to a program.



Primary Adult Name _____ Birthday _____

General										
Family Member (circle one): Adult Child			If Adult (circle one): Primary Adult Secondary Adult Third/Other Adult							
Last		First		Middle		Preferred		Suffix		
Birthday			SSN			Gender: Male Female				
Complete if Family Member is a Child					Complete if Family Member is an Adult					
Adult Name		Child's Relationship		Custody?	Lives w/ Family? Yes No					
				Yes No	Provides Financial Support? Yes No					
				Yes No	Highest Grade Completed		Present Employment Status			
Releases Signed? Yes No		Date Signed			Teen Parent? Yes No		Subsidized? Yes No			
Address/Phone										
<i>Complete ONLY information that is different than Family</i>										
Living Address					Mailing Address					
Living Address Line 2					Mailing Address Line 2					
City		State	Zip	County	City		State	Zip		
Phone Type	✓ if Primary	Phone Number		Phone Note		Note: Fill in Email and Elementary School for ALL individuals where applicable.				
		()				Email				
		()				Elementary School				
Health Coverage										
Medicaid Eligibility Status: On Medicaid Not Eligible Potentially Eligible					Medicaid Number					
Primary Health Coverage										
Other Health Coverage					Insurance Number					
Demographics										
Race (check ALL that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____		Language		✓ if Primary	Proficiency	Nationality				
		English								
						Ethnicity				
Codes										
Child's Relationship C-Natural/Adopted/Step F-Foster G-Grandchild N-Niece/Nephew O-Other		Highest Grade Completed COL-College/Advanced Training CTG-College Degree/Training Cert HSG-High School Grad GED-General Education Diploma A-Associate's Degree M-Master's Degree			G9-Grade 9 or less G10-Grade 10 G11-Grade 11 G12-Grade 12 B-Bachelor's Degree		Present Employment Status F-Full Time (35+hrs/wk) P-Part Time R-Retired or Disabled T-Training or School		B-Full Time and Training L-Part Time and Training S-Seasonally Employed U-Unemployed	
							Phone Type H-Home C-Cell M-Message P-Pager/Beeper W-Work		Language Proficiency 0-None 1-Poor 2-Moderate 3-Proficient	

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____

Verifying Staff Member _____ Date _____