

FAMILY MEMBER INFORMATION ~ Adults

First and Last Name of all Adults in the Home ~ Enter Primary Adult First	Date of Birth	Social Security #	Sex	<i>Highest Grade Comp.</i>	<i>Present Employ. Status</i>	Lives with Family	Provides Financial Support
		- -	M F			Yes No	Yes No
		- -	M F			Yes No	Yes No
Teen Parent: Yes No							
Highest Grade Completed Codes				Present Employment Status Codes			
G9 = thru 9 th grade G10 = thru 10 th grade G11 = thru 11 th grade G12 = thru 12 th grade	HSG = High School GED = G.E. Diploma COL = Some College CTG = College Degree	A = Associates Degree B = Bachelor's Degree M = Master's Degree	B = Full time Work/Training F = Full time (35 hrs /week) L = Part time Work/Training R = Retired/Disabled		P = Part time (less than 35 hrs/wk) S = Seasonal T = Transitional/School U = Unemployed		

Children

First and last name of children living in home	Date of Birth	Social Security #	Sex	Child/Primary Adult Relationship	Custody
		- -	M F		Yes No
		- -	M F		Yes No
		- -	M F		Yes No
		- -	M F		Yes No
		- -	M F		Yes No
Child/Primary Adult Relationship					
Natural/Adopted/Step/Foster		Grandchild		Niece/Nephew Other	

Check here if there are other children in the home; list on back.

STAFF USE ONLY

Family Member	Source	Amount	Annual Income	Type	Desc	Verification Code	Public Assistance Code
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
		\$	\$				
Total Yearly Income of Family			\$				

Type Codes

Description Codes

Verification Codes

Public Assistance Codes

ERN = Earned

PEN = Pension
SS = Social Security
SSI = Supplemental Security Income*
CS = Child Support
SSDI = Social Security Disability Income

CS = Check Stub
EL = Employee Letter
W2 = W-2
TAN = TANF*
SD = Self Declaration
TR = Tax Return
FC = Foster Child*
HL = Homeless*
O = Other

MAA = TANF/Cash & Medical
MAA = TANF/Medical Only
OPC = Children under 100% FPL
OP6 = Children under 6 with income between 100-133% FPL
CHP = Children under 19 with income between 100-185% FPL
OSP = SSI eligible
FHIAP

*Meets income eligibility qualifications

ELIGIBILITY INFORMATION

Child Eligible Next Year: Yes No	Proof of Birth/Age: Yes No	Brother/Sister Eligible Next Year? Yes No
Income Status: Eligible Over	Disability Status: None Suspected Diagnosed	

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

Parent/Guardian Signature _____

Date: _____

Verifying Staff Member _____

Date: _____