

**FAMILY MEMBER PROFILE (COMPLETE COLUMN FOR EACH HOUSEHOLD MEMBER)**

**APPLICANT NAME:** \_\_\_\_\_ **Last 4 HH Social:** \_\_\_\_\_ **HOUSEHOLD SIZE#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **APPOINTMENT DATE:** \_\_\_\_\_ **APPOINTMENT TIME:** \_\_\_\_\_

<b>NAME</b> (Each Household member)			
<b>DATE OF BIRTH:</b>			
<b>PHONE NUMBER:</b>			
<b>RELATIONSHIP:</b>			
<b>GENDER:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
<b>RACE:</b>	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> WHITE & AMER. INDIAN / ALASKAN <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> OTHER	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> WHITE & AMER. INDIAN / ALASKAN <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> OTHER	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> WHITE & AMER. INDIAN / ALASKAN <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> OTHER
<b>ETHNICITY:</b>	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC
<b>EMPLOYMENT:</b>	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (OUT LABOR FORCE)	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (OUT LABOR FORCE)	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (OUT LABOR FORCE)
<b>EDUCATION:</b> (HIGHEST COMPLETED)	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL
<b>MILITARY STATUS:</b>	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED
<b>MARITAL STATUS:</b>	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED
<b>DISABILITY STATUS:</b>	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED
<b>MEDICAL INSURANCE:</b>	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE
<b>HOUSING:</b>	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED) <input type="checkbox"/> RENT (NON-SUBSIDIZED)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED) <input type="checkbox"/> RENT (NON-SUBSIDIZED)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED) <input type="checkbox"/> RENT (NON-SUBSIDIZED)