CRISIS ASSISTANCE MINISTRY

PARTNER AGENCY REFERRAL TIPS

Thank you for taking the time to read the Partner Agency Referral Tips. These tips will assist you in submitting a complete referral that will allow Crisis Assistance Ministry to provide speedy and dignified customer service.

In order to process an application, specific information must be provided by the referring case manager and additional documentation is required from our shared client. For more detailed information on how to submit a complete referral, please register to attend an upcoming Partner Agency training, refer to the information provided at a past Partner Agency Training, or email partner@crisisassistance.org for assistance.

General Information:

The Partner Agency Office is open Monday – Friday 8:30 a.m. – 4:30. p.m.
During non-peak season, it is our goal to process a complete referral within 1 – 2 business days.
During peak season (October – January) the Partner Agency Office utilizes the following triage system in order to ensure service is provided to the most at risk clients.

1. Utilities off already
2. Utilities off the day of referral
3. Padlock situations
4. Utilities off later
5. New Moves (as defined in the partner agency training handouts)

Case Manager Tips:

- Attend a Partner Agency Training if you have not attended one since July 2014 – much has changed in both Financial Assistance and Furniture Bank Applications.
- Complete case notes should address the following:
    - o How client will sustain household expenses in the future should he/she receive financial assistance?
    - o If income is significantly greater than expenses, where was the excess spent? Please provide any related receipts.
    - o What resources (savings, relatives etc.) does the client have to help solve the problem?
    - o If the client qualifies for a rent reduction (Charlotte Housing Authority or Section *) has she/he applied for it?
- Complete the Client Intake Form including information for each person residing at the applicant's address– whether or not a relative.

Heating and Cooling Assistance Referrals

Due to funding requirements, our shared client must be given opportunity to register to vote (if s/he is not already registered to vote) when applying for heating or cooling assistance. Ask client to complete the voter registration question on the Crisis Intervention Program (CIP) signature page. Our shared clients will be mailed a voter registration form along with their CIP award letter upon disposition of the CIP application.

Client Tips:

Clients applying for financial assistance should be prepared to provide the following information for you to complete a Partner Agency referral:

- Picture ID for the adult (18 yrs. or older) requesting assistance.
- Social Security documentation for everyone living at the applicant's address: social security card, documentation from the Social Security Administration verifying social security number, W2 form from an employer or paystub indicating the nine digit social security number, or W7 if applicable.
- Proof of earned (job) or unearned (SSI, SSA, child support, etc) income for the past 30 days for everyone in the household.
- For new jobs, the client should provide a company letter on letterhead indicating start date, rate of pay, hours per week, date of first check and how frequently client will be paid
- Documentation/bill of the emergency including all disconnection and past due utility statements, lease, etc.

CRISIS ASSISTANCE MINISTRY

PARTNER AGENCY REFERRAL CHECKLIST

fax: 704-333-3717 email: referrals@crisisassistance.org

Date: | Applicant name: | Referring agency name:

Caseworker name: | Caseworker phone #: | Caseworker email address:

Requesting financial assistance with (mark all that apply):

☐ Electric ☐ Gas ☐ Rent ☐ Water
☐ New move ☐ Housing First

Please ensure that you have included all the needed documentation to expedite the processing of this referral. ***Handwritten and incomplete referrals will not be processed.*** *Please check off each item that is attached to this referral. Thank you for all you do!*

- ☐ 2015 Crisis Assistance Ministry Client Intake Sheet: must be completed electronically
- ☐ 2015 Crisis Assistance Ministry Consent to Release Information: sign and date all three parts including the may/may not box
- ☐ ID verification form OR copies of IDs and SS Cards for each household member: all people residing in home
- ☐ Energy Programs Application Crisis Intervention Program*
- ☐ 2015 Emergency Assistance Application*
- ☐ 2015 Client Eligibility Checklist*

  **client to sign and date only.*
- ☐ 2015 Self-declaration of no-income for households reporting ZERO income for the past 30 days
- ☐ Paystubs, award letters or other proof of ANY income sources for all household members for the last 30 days: SSA, SSI, retirement, child support, unemployment benefits, self-employment income, etc.
- ☐ For new jobs, the client should provide a company letter on letterhead indicating start date, rate of pay, hours per week, date of first check and how frequently client will be paid
- ☐ Copies of most recent late notices and/or letters of obligations for each bill
- ☐ Section 8 Authorization Letter for all Section 8 new moves
- ☐ HOPWA forms and proof of HIV status for HIV + customers
- ☐ Lease: for new moves including moves that have occurred in the last 60 days

I have reviewed and completed the Crisis Assistance Ministry Partner Agency Referral Checklist. To the best of my knowledge, all information is complete and accurate.

✖ | *Caseworker Signature* | *Date*

CLIENT INTAKE

RESIDENCE INFORMATION *(required for ALL assistance requests)*

CRISIS ASSISTANCE MINISTRY

Interview Date:

Client is requesting assistance with:
☐ Rent ☐ Utilities ☐ Furniture
☐ Housing First Participant

Referring agency name:

Caseworker name:

Caseworker phone #:

Caseworker email address:

What type of case manager?
Please select one

How long in case management?
Please select one

How often do you see the client face-to-face?

Client name:

Client contact phone #:

Client email address:

Client's new/current address:

House # and street name	*Apt #*	*City*	*State*	*Zip*
			NC	

When did the client move to this address?

Client's previous address:

House # and street name	*Apt #*	*City*	*State*	*Zip*
			NC	

RENTAL INFORMATION

Does client rent?
☐ Yes ☐ No

Landlord/Apartment complex name:

Landlord phone #:

Landlord's address:

House # and street name	*Apt #*	*City*	*State*	*Zip*
			NC	

Who's name is the lease in?

Is client's name on the lease?
☐ Yes ☐ No

Is client's rent subsidized or reduced based on income?
☐ Yes ☐ No

MORTGAGE INFORMATION

Does client pay a mortgage?
☐ Yes ☐ No

If yes, who is their lender?

Whose name is the mortgage in?

Mortgage loan number:

HOUSEHOLD INFORMATION *(required for ALL assistance requests)*

Listing all adults first, complete information for the applicant/client on this sheet, and each additional person living at this address on the supplemental ***Additional Household Members*** sheet.
** If not registered to vote, please fill out the ***Voter Registration Preference Form*** and return with referral packet. This is required!

Number of Adults:

Number of Children *(under 18)*:

Applicant's full name:

First	*Last*	*MI*

SS# or W-7#:

Date of birth:

Gender:
Please select one

Marital Status:
Please select one

Highest grade completed:
Please select one

Registered to Vote?
☐ Yes ☐ No

Filed taxes for previous year?
☐ Yes ☐ No

U.S. Citizen?
☐ Yes ☐ No

If no, what is their current status?

Race *(select all that apply)*:
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Don't know
☐ Refused

Ethnicity:
Please select one

Disabled:
☐ Yes ☐ No

Served in U.S. Military?
☐ Yes ☐ No

Enrolled or receiving:
Health Insurance: Please sele
Food Stamps: Please sel

SCREENING INFORMATION - EXPENSES

(required for ALL assistance with rent, mortgage, and/or utilities)

CRISIS ASSISTANCE MINISTRY

Item	30 Day Avg	Projected
Rent/Mortgage		
Electric		
Gas		
Oil/Prop/Kero		
Water		
Food		
Other Personal Expense		
Child Support Paid		
Child Care		
Cell Phone		
Home Phone		
Cable TV/Internet		
Car Payment		
Car Insurance		
Transportation: Gas/Bus		
Medical		
Life Insurance		
Clothing		
Laundry		
Furniture		
Credit Cards/Loans		
Tithe		
Financial Expense (other)		
Total Expenses:	**$ 0.00**	**$ 0.00**

SNAP amount (food stamps):

Number of persons receiving SNAP benefit:

SNAP benefit certified through MM/DD/YYYY:

Please take the time to engage our shared client in a conversation regarding their relationship with money and how to maximize income and minimize expenses when appropriate. Here are some helpful hints on how to thoroughly complete this page:

Expenses:

1. Go down each expense line item and gain insight from our client on how much is spent each month. Don't overlook topics such as laundry, transportation and other personal expense.
2. Take time to discuss ideas to decrease expenses where possible and make supporting plans to achieve these budgetary changes, then record these plans in the Projected Column. For example, if your client is living in a Charlotte Housing Authority location and has lost his/her job, make a plan to have their rent adjusted to "0" and place that "0" in the Projected Rent Column.
3. If our client is receiving SNAP (food stamps,) please only record what is spent on food over and above what is received in SNAP benefits in the 30 day average column. For those clients not receiving SNAP benefits record all monies spent on food in the 30 day average column.

Income:

1. Income either earned and/or unearned needs to be reported for EVERY PERSON living at the applicant/client's address.
   a. Earned income: income related to employment/odd jobs
   b. Unearned income: income related to SSA, SSI, child support, unemployment, retirement, VA benefits, etc.
2. Please be sure to include paystubs for the last 30 days of earned income when submitting the referral packet.
   a. For self-employed clients, a copy of the first page of their latest tax return will be sufficient.
   b. If our client is paid in cash for odd jobs (babysitting, private lawn care, etc), a statement from the employer will be sufficient.
3. Please be sure to include award letters/other documentation of unearned income when submitting the referral packet.
4. If our client is starting a new job, please remember to submit a new hire letter on company letter head indicating start date, rate of pay, hours per week, date of first check and how frequently client will be paid.

SCREENING INFORMATION - INCOME

(required for ALL assistance requests)

EARNED INCOME

Employed household member's name:

Employer:

How verified? Please select one

Pay frequency: Please select one

Next Pay Date:

Date	Gross	Net
Earned Income:	$ 0.00	$ 0.00

Next net pay amount:

Next 30 days net pay amount:

Employed household member's name:

Job no. 2 Employer:

How verified? Please select one

Pay frequency: Please select one

Next Pay Date:

Date	Gross	Net
Earned Income:	$ 0.00	$ 0.00

Next net pay amount:

Next 30 days net pay amount:

Total Earned Income: **$ 0.00**

UNEARNED INCOME

Household member's unearned income

NAME:

	Gross Amount	Frequency	30 day Total
TANF Received:		Please select one	
Child Support Received:		Please select one	
Other income Received:		Please select one	
Social Security:		Please select one	
Unemployment:		Please select one	
VA/Retirement/UT/Misc.:		Please select one	

Unearned income: $ 0.00

Household member's unearned income

NAME:

	Gross Amount	Frequency	30 day Total
TANF Received:		Please select one	
Child Support Received:		Please select one	
Other income Received:		Please select one	
Social Security:		Please select one	
Unemployment:		Please select one	
VA/Retirement/UT/Misc.:		Please select one	

Unearned income: $ 0.00

Household member's unearned income

NAME:

	Gross Amount	Frequency	30 day Total
TANF Received:		Please select one	
Child Support Received:		Please select one	
Other income Received:		Please select one	
Social Security:		Please select one	
Unemployment:		Please select one	
VA/Retirement/UT/Misc.:		Please select one	

Unearned income: $ 0.00

Total Unearned Income: **$ 0.00**

SCREENING INFORMATION - RENT/MORTGAGE/UTILITIES

(required if requesting assistance with rent/mortgage/utilities)

CRISIS ASSISTANCE MINISTRY

1. If client is requesting assistance with a utility, provide the following information for emergency verification:

ELECTRICITY - Account Information

Account #:	Past due bill amount:	Reconnection fee:	Deposit:	Total owed:	Cutoff date: (MM/DD/YYYY)
				$ 0.00	

If electricity: ☐ Primary heat ☐ Uses space heaters

GAS - Account Information

Account #:	Past due bill amount:	Reconnection fee:	Deposit:	Total owed:	Cutoff date: (MM/DD/YYYY)
				$ 0.00	

If gas: ☐ Heat ☐ Hot water ☐ Cook

WATER - Account Information

Account #:	Past due bill amount:	Reconnection fee:	Deposit:	Total owed:	Cutoff date: (MM/DD/YYYY)
				$ 0.00	

2. If client is requesting RENT or MORTGAGE assistance, which month(s) does the client need help with?	-	-	-	-

3. What is the total amount of rent, mortgage and/or rental deposit that the client owes?

4. If the client had to pick only one (1) type of assistance to receive help with, which would it be? -

5. How much money does the client have to put toward the bills?

6. How much money can the client obtain from other sources within the next 24 hours?

INTERVIEWER ASSESSMENT *(required for ALL assistance)*

What has caused the client not to pay the bills?

Date of income decrease: (MM/DD/YYYY)

Source of income decrease:

How will client maintain household expenses moving forward?

What supportive services will be provided?

Interviewer:

Internal Crisis Assistance Ministry use only *Eligible for CWAC:*

SCREENING INFORMATION - FURNITURE BANK
(required if requesting furniture assistance)

CRISIS ASSISTANCE MINISTRY

1. Select crisis situation that caused urgent customer need:

Please select one

1a. If *critical need* selected above, please describe:

1b. If *homelessness* selected above, please describe how verified:

1c. Has a home visit been completed?

☐ Yes ☐ No

Date of home visit: (MM/DD/YYYY)

2. How long has the client been a resident of Mecklenburg County?

3. When did the crisis occur?

4. Reason for homelessness?

5. Indicate number of beds needed by size:

Twin: Double:

Queen:

Items needed for residence:

-	-	-
-	-	-

6. What has caused the client's emergency to request furniture?

IDENTIFICATION VERIFICATION

CRISIS ASSISTANCE MINISTRY

NOTE: *If you have copies of IDs and social security cards, this form does* **NOT** *need to be completed.*

Applicant's name:

Verified Social Security #:

Verified Identification:

☐ Driver's License #:

☐ Non-DL #:

☐ Other #:

☐ State/Exp. Date:

Other adult's name:

Verified Social Security #:

Verified Identification:

☐ Driver's License #:

☐ Non-DL #:

☐ Other #:

☐ State/Exp. Date:

Household Member's Name	Verified Social Security #	Birthdate	Gender
			Please select o
			Please select o
			Please select o
			Please select o
			Please select o
			Please select o
			Please select o
			Please select o
			Please select o

I have reviewed the above forms of identification and verify their authenticity.

Name of worker:

Title

Agency:

Signature: ×

Date:

EMERGENCY ASSISTANCE (EA) APPLICATION

Applicant's name:

No person shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs or religion be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.
By my signature, I attest that the information I have provided is correct to the best of my knowledge and I authorize Crisis Assistance Ministry to contact appropriate individuals and vendors for the purpose of verifying information:

× *Applicant/Representative Signature* *Date*

× *Casework Staff Signature* *Date*

for Crisis Assistance Ministry use only

HOUSEHOLD

Total number of household members:

Number of household members included on the EA application:

List the household members that are excluded from the EA application and the reason for exclusion:

Name	Reason for exclusion

Does the household include a child who meets the Work First age requirement?
☐ Yes ☐ No
Is the child living with an adult who meets the Work First kinship requirement?
☐ Yes ☐ No

RESOURCES

List all resources owned by the individuals listed on the EA application:

Name	Resource Type	Amount

Total Resources: Resource eligible for EA (<$3000)? ☐ Yes ☐ No

INCOME

Total Countable Income: Income Eligible? ☐ Yes ☐ No

DISPOSITION

☐ Approved ☐ Denied ☐ Withdrawn Reason denied/additional comments:

SELF DECLARATION OF NO INCOME

CRISIS ASSISTANCE MINISTRY

Applicant's name: SS #:

This is to certify that the above named individual did not have income during the eligibility period.
Income includes but is not limited to:

- Earned income from a job
- Income from the operation of a business
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation
- Monthly income from government agencies excluding amounts designated for shelter and utilities, WIC, Food Stamps and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.

I certify that I did not have any income from any source during the eligibility period.

× *Applicant Signature* *Date*

CHARLOTTE.

Attachment C

CLIENT ELIGIBILITY CHECKLIST

(Homelessness Prevention activities)

Date	Applicant Name	Interviewed By	Referred By

INCOME VERIFICATION - Family/client current income _____ per _____.
How was it verified? _____
☐ (YES) Supporting documentation is attached.

ELIGIBILITY - If funds are used to assist clients that have received eviction notices or notices of termination of ***rent*** and/or ***utility*** services, *all of the* following conditions must be met.
☐ (YES) Supporting documentation is attached (i.e. Eviction Notice, Termination of Employment, Utilities, etc)

☐Inability of the client/family to make the required payment .	☐There is a reasonable prospect that the family will be able to resume payments within a reasonable period of time. Provide "TIMETABLE" below.
☐Assistance is necessary to avoid eviction of the client/family or termination of services to the family.	☐The assistance does not supplant funding for preexisting homeless prevention activities from any other sources.
☐ Client/family income is eighty percent (80%) or less Area Medium Income (AMI) to sixty	☐

RESUME PAYMENT TIMETABLE/ REFERRALS / COUNSELING - In the section below provide a *reasonable* timetable in which the client will resume their monthly rent or utility payments or if the client is unable to resume payments within a 30-day period, please indicate what *counseling and other services will* be provided to assist the client in becoming self-sufficient.

OTHER COMMENTS

I, _____, do hereby certify that the answers I have given to the preceding questions are true and accurate.

Applicant Name (Print) Signature Date

Staff Member Name (Print) Signature Date

ENERGY PROGRAMS APPLICATION
CRISIS INTERVENTION PROGRAM

CRISIS ASSISTANCE MINISTRY

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

CIVIL RIGHTS

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.

RIGHTS AND RESPONSIBILITES

I understand that it is against the law for me to make false statements and that I am subject to prosecution if I do. I certify that the information I have provided is a true and complete statement of facts according to my best knowledge and belief. I give the agency permission to verify any information necessary to determine my eligibility for the Crisis Intervention Program/Energy Neighbor. I understand that the information on this form may be checked by the State or federal reviewer and I agree to this review.

I give my authorization for my utility company to release information regarding energy usage and bill payment for the last twelve months to agencies associated under the Low Income Home Energy Assistance Program (CIP-Crisis Intervention Program and LIEAP-Low Income Energy Assistance Program).

I understand that utility companies who furnish information to LIHEAP-Low Income Home Energy Assistance Program will not be held responsible for disclosed information for data purposes such as referrals, research, evaluations, and/or analysis.

Registering to vote is easy in North Carolina. State law requires voters to register 25 days before an election. DSS can help you with registration paperwork. If you would like to register to vote in North Carolina, ask your caseworker for a voter registration form, and if you need help, to assist you in completing the form. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by the agency. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina State Board of Elections, PO Box 27255, Raleigh NC 27611-7255, or you may call the toll free number, 1-866-522-4723.

× _____ _____

Applicant/Representative Signature *Date*

× _____ _____

Verification Worker's/Caseworker's Signature *Date*

Source: DSS-8178 (Rev. 06/2015)

Notice on the use of Social Security numbers

(This is not an application)

When your family or household applies for Food Assistance, Medicaid, Special Assistance or Work First Family Assistance benefits, you must provide certain information on each member. This notice only applies to Social Security numbers.

- ▷ Any individual in your household who wants to receive assistance must furnish all Social Security numbers he has and uses. If he does not have one, he must apply for one. We can help him do this.
- ▷ If an individual refuses to provide his Social Security number, he is ineligible for assistance for himself. (Note: Some programs, such as Food Assistance and Work First Family Assistance, require that parents be included in the assistance grant. For these programs, parents must provide Social Security numbers for the family to receive.)
- ▷ If an individual in your family or household does not wish to receive benefits, he does not have to give his Social Security number. IF he chooses to provide his Social Security number, it is strictly voluntary.

How will my Social Security Number be used?

Social Security numbers are used in matching information with the following agencies:

- Social Security Administration (SSA),
- Internal Revenue Service s(IRS),
- Employment Security Commission (ESC),
- Department of Transportation (DOT),
- Out-of-state welfare and ESC agencies, and
- Any other agencies, when applicable.

We will only use Social Security numbers to verify income and resources.

I have read and understand the statements on this form. By signing this, I agree to allow system matches on the Social Security numbers I provide.

× _____ _____

Applicant/Representative Signature *Date*

× _____ _____

Verification Worker's/Caseworker's Signature *Date*

DMA-5001 (10/05)

CONSENT TO RELEASE INFORMATION

Please read, sign and date each section.

CRISIS ASSISTANCE MINISTRY

I. Crisis Assistance Ministry Consent to Release Information

To assist you, Crisis Assistance Ministry needs your consent to contact your landlord, mortgage holder, utility companies, other vendors, resource providers and household members for any reasonable purpose to resolve your emergency.

My signature below indicates that I request and authorize Crisis Assistance Ministry to contact appropriate individuals for the purpose of verifying information to determine my eligibility for available assistance, negotiating amounts required, committing funds and paying bills by check or electronic transfer. By my signature, I attest that the information I have provided and will provide is true and complete to the best of my knowledge. I understand that I am not required to give my consent; however, I understand that I will not receive assistance if I don't give it.

× _____ _____

Applicant Signature *Date*

II. Data Sharing Consent

When you apply for assistance at Crisis Assistance Ministry, we enter into our computer your name, address, landlord, the names of all household members, their birth dates, race, sex, and certain other information you may provide (collectively, your "personal information"). As part of its mission to provide assistance and advocacy to those in financial crisis, Crisis Assistance Ministry may participate in research and education programs intended to improve the development, delivery and quality of human services. In conjunction with such participation, Crisis Assistance Ministry may share your personal information with certain research organizations, including the University of North Carolina at Charlotte's Institute for Social Capital (collectively, "Researchers"), for research and education purposes only. Crisis Assistance Ministry requires Researchers to agree to strict confidentiality restrictions with regard to your personal information and to remove all personally identifiable information from their research. We need your written consent to share your personal information with these Researchers. Your personal information is not shared without your consent. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with Researchers.

× _____ _____

Applicant Signature *Date*

III. Mecklenburg County Department of Social Services Consent

Crisis Assistance Ministry administers financial assistance programs through a contract with the Mecklenburg County Department of Social Services (DSS). These programs are the Crisis Intervention Program (CIP), Emergency Assistance Program (EA), and the General Assistance Program (GA). One of the requirements to be eligible for these public funds is that we must have your written consent to release your information to DSS. Your personal information is not shared without your consent. I understand that I am not required to give my consent; however, I understand that I will not receive assistance from these funds if I don't give it. By signing below, you consent to Crisis Assistance Ministry sharing your personal information with DSS.

× _____ _____

Applicant Signature *Date*

× _____ _____

Witness Signature to Parts I II & III (if signature is an X) *Date*

CRISIS ASSISTANCE MINISTRY

ADDITIONAL HOUSEHOLD INFORMATION *(required for ALL assistance requests)*

Listing all adults first, complete information for each additional person living at the applicant/client's address on this sheet.
Complete and save this sheet as many times as needed to list all persons.

Household Member #: CMS ID # (if applicable): Relationship to applicant: Gender: Please select one

Household member's full name: First Last MI SS# or W-7#: Date of birth: Ethnicity: Please select one

Race *(select all that apply)*: ☐ American Indian or Alaskan Native ☐ White ☐ Asian ☐ Don't know ☐ Black or African American ☐ Refused ☐ Native Hawaiian/Other Pacific Islander

Disabled: Yes No

Served in U.S. Military? Yes No

Marital Status: Please select one

Highest grade completed: Please select one

U.S. Citizen? Yes No

If no, what is their current status?

Household Member #: CMS ID # (if applicable) Relationship to applicant: Gender: Please select one

Household member's full name: First Last MI SS# or W-7#: Date of birth: Ethnicity: Please select one

Race *(select all that apply)*: ☐ American Indian or Alaskan Native ☐ White ☐ Asian ☐ Don't know ☐ Black or African American ☐ Refused ☐ Native Hawaiian/Other Pacific Islander

Disabled: Yes No

Served in U.S. Military? Yes No

Marital Status: Please select one

Highest grade completed: Please select one

U.S. Citizen? Yes No

If no, what is their current status?

Household Member #: CMS ID # (if applicable) Relationship to applicant: Gender: Please select one

Household member's full name: First Last MI SS# or W-7#: Date of birth: Ethnicity: Please select one

Race *(select all that apply)*: ☐ American Indian or Alaskan Native ☐ White ☐ Asian ☐ Don't know ☐ Black or African American ☐ Refused ☐ Native Hawaiian/Other Pacific Islander

Disabled: Yes No

Served in U.S. Military? Yes No

Marital Status: Please select one

Highest grade completed: Please select one

U.S. Citizen? Yes No

If no, what is their current status?

Household Member #: CMS ID # (if applicable) Relationship to applicant: Gender: Please select one

Household member's full name: First Last MI SS# or W-7#: Date of birth: Ethnicity: Please select one

Race *(select all that apply)*: ☐ American Indian or Alaskan Native ☐ White ☐ Asian ☐ Don't know ☐ Black or African American ☐ Refused ☐ Native Hawaiian/Other Pacific Islander

Disabled: Yes No

Served in U.S. Military? Yes No

Marital Status: Please select one

Highest grade completed: Please select one

U.S. Citizen? Yes No

If no, what is their current status?