| | | | | | | | | | Ti | his Section | n for Agenc | y Use | Only: | | |
|--|---|----------|--------------------|---|--------------------------------------|--------------------|-------------------|-------------------|---|---------------------------------------|----------------|-------------------------------------|---------|-------------------|----------|
| - ar | mily Ir | nform | ation, Incor | me 8, (| ontac | tc A | Applica | int Na | ame: | | | E | Birthda | У | |
| | | | | | Jornac | 13 | | | | | | | | | |
| | mily Info | | | | | | | | | | | | | | |
| Family Living Address Started Living at Date Living Address Addres | | | | | | | | ZIP | | City | | St | tate | County | |
| | | | 0 | | | | | | | | | | | , | |
| Ear | nily Mailing | a Addros | 6 | | | | | | | | | | | | |
| | ne as living | _ | Started Using Date | Mailing | Address | | | Add | lress Line | 2 | ZIP | | City | | State |
| □ Yes □ No | | | - 5 | | | | | | | | | | - , | | |
| Phone Number(s) | | | | Type (| check one) | | | | Note (e | xtension or | best time to | call) | Opt in | for Text Me | ssages |
| | | | | | | □ Work | ☐ Work ☐ Other | | | | | | | . □ No | 9 |
| | | | | LI HOHIE | LI VVOIK | | | | | | | | | | |
| | | | | ☐ Cell | ☐ Home | □ Work | □ Ot | her | | | | | ☐ Yes | □ No | |
| | | | | ☐ Cell | ☐ Home | □ Work | □ Ot | her | | | | | ☐ Yes | □ No | |
| S | Parental Prima Status Langua neck one) at Hor | | je to | Acquired/learning another language in addition to English | | Homeless Family | | | Active Duty Military | Military Veteran | | Referred by Child Welfare Agency | | Receiving SNAP | WIC |
| □ One | | | | □Yes | | | □ Yes | | □ Yes | □ Yes | | Yes | | □ Yes | ☐ Yes |
| | wo | | | | No | | l No | | □ No | □ No | | No | | □ No | □ No |
| Far | mily Inc | ome | | | | | | | | | | | | | |
| | me Verifie | | | | | | Verification Date | | | | TANF Status | | | SSI | |
| | | <u>,</u> | | | | | | | | ☐ Yes ☐ No ☐ Formerly on TANF/Not now | | | 0 | ☐ Yes | |
| | Family Member | | Amount | | Per (for example: week, month, year) | | | | Description (for example SSI, Job, Child Support) | | | | | ole: | Note |
| | | \$ | | | | \$ | \$ | | | | | | | | |
| | | \$ | | | | \$ | | | | | | | | | |
| | | | | | | | C C | | | | | | | | |
| | N | \$ | | | | \$ | | | | | | | | | |
| inco | me Notes | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Em | ergency | y Conta | icts | | | | | | | | | | | | |
| | Name | | | | Relation | Relationship | | | | | Emerger | ncy Cor | ntact | Releas | е То |
| _ | | | | | | | | | | | ☐ Yes | | lo | ☐ Yes | □ No |
| tacı | Address | | | | | ZIP | | | | | City | | ' | | State |
| Contact | | | | | | | | | | | | | | | |
| O | Phone Number 1 Phone Numb | | | | | nber 2 | per 2 | | | | Phone Number 3 | | | | |
| | ☐ Cell ☐ Home ☐ | | | e 🗆 Work | | | | □ Cell □ Home □ W | | | ☐ Cell ☐ Hor | | | | e 🗆 Work |
| | Name | | | | Relation | ship | | | | | Emerge | ncy Co | ntact | Rele | ase To |
| 7 | | | | | | | | | | | ☐ Yes | | | ☐ Yes | □ No |
| gct | Address | | | | | ZIP | | | | | City | - / · | | | State |
| Contact | . (441000 | | | | | 211 | | | | | City | | | | Otato |
| ပိ | Phone Number 1 Phone Numb | | | | | har 2 | | | | | Dhana Num | nhar 2 | | | |
| | □ Cell □ Home □ | | | D Mort | | | | | | 0 D Morle | Filone Nun | Phone Number 3 | | ☐ Cell ☐ Home | |
| | Name | | | = LI WORK | Relation | shin | | | | ell 🗆 Home 🗆 Work | | Emergency Contac | | | |
| က | Name | | | | Neiatioi | ISHIP | | | | | □ Yes | | | □ Yes | □ No |
| | A ddas s | | | | | 710 | | | | | | | 10 | ш 1 <i>6</i> 2 | |
| Contact | Address | | | | | ZIP | | | | | City | | | | State |
| ပိ | 5. | | | | - | | | | | | 51 | | | | |
| | Phone Nu | umber 1 | | | Phone Nun | nber 2 | | | | | Phone Nun | nber 3 | | | |

☐ Cell ☐ Home ☐ Work

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.

☐ Cell ☐ Home ☐ Work

Parent/Guardian Signature

☐ Cell ☐ Home ☐ Work