## **Additional Household Members**

First Name MI	_Last Name			
Relationship to Applicant	Birth	n Date	Age	
SSN Gender				
Highest Level of Education Completed	Race		Are you disable	d?
□ 0-8	□ White	□ White		
□ 9-12 (non-graduate)	□ Black or African Americ	□ Black or African American		
□ High school graduate	□ American Indian or Alas	□ American Indian or Alaska Native		
□ GED	□ Asian		Ethnicity	
$\Box$ 12th grade + some post-secondary	□ Native Hawaiian or Paci	fic Islander	□ Hispanic or Latino	
$\Box$ 2 or 4 year college graduate	□ Biracial/Multi-Racial		□ Not Hispanic or Latino	
□ Graduate of other post-secondary school	□ Other		1	
Work Status	Health Insurance			
□ Employed full-time	□ None	□ ACA		
□ Employed part-time	□ Medicaid	Caring Pro	gram for Children	
$\Box$ Unemployed (6 months or less)	□ Medicare	□ Healthy Ste	eps	
□ Unemployed (more than 6 months)	Direct-Purchase	•	-	
□ Unemployed (not in labor force)	□ Employment Based	□ Military/V.	A	
□ Retired	□ Other	_		
□ Migrant Seasonal Farm Worker				

First Name MI		Last Name		
Relationship to Applicant		Bi	irth Date	Age
SSN Gen	nder _			
Highest Level of Education Complete	ed	Race		Are you disabled?
□ 0-8		□ White		□ Yes
□ 9-12 (non-graduate)		□ Black or African American		□ No
□ High school graduate		□ American Indian or Alaska Native		
GED		□ Asian		Ethnicity
$\Box$ 12th grade + some post-secondary		□ Native Hawaiian or Pacific Islander		☐ Hispanic or Latino
$\Box$ 2 or 4 year college graduate		□ Biracial/Multi-Racial		□ Not Hispanic or Latino
□ Graduate of other post-secondary school	ol	□ Other		1
		Т		
Work Status		Health Insurance		
□ Employed full-time		□ None	$\Box$ ACA	
□ Employed part-time		□ Medicaid	•	rogram for Children
$\Box$ Unemployed (6 months or less)		□ Medicare	□ Healthy S	Steps
□ Unemployed (more than 6 months)		□ Direct-Purchase	🗖 Indian H	ealth Services
□ Unemployed (not in labor force)		□ Employment Based	□ Military/	VA
□ Retired		□ Other		
□ Migrant Seasonal Farm Worker			-	

elationship to Applicant		Bir	th Date	Ag	e
SN Gen	der _				
Highest Level of Education Complete	d	Race		Are you disa	bled?
□ 0-8		□ White		□ Yes	
□ 9-12 (non-graduate)		□ Black or African Amer	ican	🗆 No	
□ High school graduate		□ American Indian or Ala	aska Native		
GED		□ Asian		Ethnicity	
$\Box$ 12th grade + some post-secondary		□ Native Hawaiian or Pacific Islander		$\square$ Hispanic or Latino	
$\Box$ 2 or 4 year college graduate		□ Biracial/Multi-Racial		□ Not Hispanic	
Graduate of other post-secondary school	1	□ Other		1	
Work Status		Health Insurance			
□ Employed full-time		□ None	□ ACA		
□ Employed part-time		□ Medicaid	□ Caring Program for Children		
□ Unemployed (6 months or less)		□ Medicare	□ Healthy Steps		
□ Unemployed (more than 6 months)		□ Direct-Purchase	□ Indian Health Services		
□ Unemployed (not in labor force)		□ Employment Based	□ Military/VA		
□ Retired		□ Other			
□ Migrant Seasonal Farm Worker					

First Name M	/II	Last Name			
Relationship to Applicant		Bi	rth Date	Age	
SSN G	ender_				
Highest Level of Education Comple	eted	Race		Are you disabled?	
□ 0-8		□ White		🗆 Yes	
□ 9-12 (non-graduate)		□ Black or African American		🗆 No	
□ High school graduate		□ American Indian or Alaska Native		,	
□ GED		□ Asian		Ethnicity	
$\Box$ 12th grade + some post-secondary		□ Native Hawaiian or Pacific Islander		□ Hispanic or Latino	
$\Box$ 2 or 4 year college graduate		□ Biracial/Multi-Racial		□ Not Hispanic or Latino	
□ Graduate of other post-secondary sch	nool	□ Other		1	
		п			
Work Status		Health Insurance			
□ Employed full-time		□ None	$\Box$ ACA		
□ Employed part-time			•	ogram for Children	
$\Box$ Unemployed (6 months or less)		□ Medicare	□ Healthy St		
$\Box$ Unemployed (more than 6 months)		□ Direct-Purchase	🗆 Indian Hea	alth Services	
□ Unemployed (not in labor force)		□ Employment Based	□ Military/V	A	
□ Retired		□ Other			
□ Migrant Seasonal Farm Worker					