

Additional Household Members

First Name _____ MI ____ Last Name _____

Relationship to Applicant _____ Birth Date _____ Age _____

SSN _____ Gender _____

Highest Level of Education Completed

- 0-8
- 9-12 (non-graduate)
- High school graduate
- GED
- 12th grade + some post-secondary
- 2 or 4 year college graduate
- Graduate of other post-secondary school

Race

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Biracial/Multi-Racial
- Other _____

Are you disabled?

- Yes
- No

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Work Status

- Employed full-time
- Employed part-time
- Unemployed (6 months or less)
- Unemployed (more than 6 months)
- Unemployed (not in labor force)
- Retired
- Migrant Seasonal Farm Worker

Health Insurance

- None
- Medicaid
- Medicare
- Direct-Purchase
- Employment Based
- Other _____
- ACA
- Caring Program for Children
- Healthy Steps
- Indian Health Services
- Military/VA

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