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| **ENROLLMENT OVERVIEW** |

Welcome to Neighborhood House!

To receive Neighborhood House Services, a potential client must show identification, proof of residency and income. This is accomplished by bringing the documents required on the attached form. Bring your original documents to the main office and a completed Enrollment Form. We will make copies of each document and return the originals to you. We can print online documents, if you have access to them, at the time of the enrollment process. NO PHOTOS of necessary documents will be taken for enrollment purposes. We need original documents.

Enrollment is a walk-in only process from 10am – 2pm, Monday through Thursday. If our intake volunteers are not available, we will take your documents and process them at the next available time. Most days, it is necessary to complete the data entry at a later time.

Services are not available until a volunteer or staff member of Neighborhood House has reached out to let you know that you have been activated. If you have not heard from us in 48 hours, please contact us for an update on your enrollment process.

**Eligibility Requirements:** Permanent residency in our area and all required documentation is provided.

**Enrollment Process Overview:**

1. Complete our Enrollment Form and Provide Necessary Documents.

* Enrollment Forms can be picked up at our Main Office, emailed to you or accessed off our website under the current clients tab.

1. Visit the Main Office, (1720 S. Livernois, Rochester Hills MI, 48307) for our Walk-In enrollment process from 10am – 2pm, Monday through Thursday.
2. Wait for Neighborhood House to contact you by email or phone number to let you know you are in active status.
3. Come back annually during your Birthday Month to complete the annual activation process.

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| **ENROLLMENT REQUIRED DOCUMENTS** |

To enroll as a client with Neighborhood House, you can bring either all the documents from Column A or documents in BOTH Column B and C as an alternative. Some documents may overlap.

**Column A or Column B and Column C**

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| What are the documents for? |
| **Identification**  1 per person  **A valid and recognized form of ID** is needed for Neighborhood House to authenticate and verify identity. | **18 or over**  - Current Driver’s License  -State ID  **17 or under**  - Birth Certificate  - Guardianship Papers | **17 OR UNDER ONLY**  -Current DHHS Benefit Letter:  Stating Household Members | **17 OR UNDER ONLY**  -Previous Years Tax Return:  Proof of Additional dependents |
| **Residency**  1 per household  Eligibility requires permanent residency in one of the cities that we serve.  **Proof of residency for all members** of the household is required. | - Current Lease stating all occupants  -Current Lot Rent stating all occupants | **Matching Current Address only:**  -Utility Bill: DTE or Consumers last 30 days  -Mortgage Documents  -Previous year property tax statement | **Matching Current Address only:**  -DHHS Benefit Letter with Current address and household members.  -Bank Statement with current Address listed.  -Tax return with Current Address |
| **Income**  All Members of the Household  **Income verification** is essential providing and referring appropriate services. | -Employment Paystubs (2 most recent)  -Unemployment/workers compensation/401k/Pension/IRA  -Current Social Security Benefit Letter  -DHHS Programs Assistance Benefit Letters (MIBridges)  -USDA Programs Assistance (SNAP/WIC)  -Section 8 or Housing Assistance Vouchers  -Family Financial Support (child support, alimony, family financial gifts)  - Student Financial Aid  -VA Benefit Letter | -60 Day Bank Statements showing income deposits | N/A |

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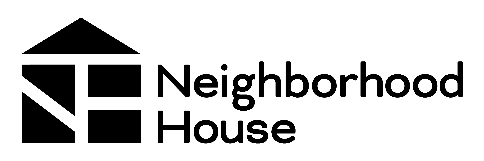
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**Intake Notes**

(For Volunteers during the intake process only)

**DATE:**

**Intake Volunteer Name:**

****

**Consent For Release of Information**

**and Verification of Accuracy**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize The Neighborhood House to obtain, release and share any pertinent information about myself and others living in my household as necessary to allow me and others in my household to benefit from any services requested. These services may include but are not limited to: NH Financial Grant Request, DHS, DTE, Consumers, THAW, EFSP (and its partners), OLHSA, Salvation Army, Lighthouse, St. Vincent DePaul, Gleaners, Forgotten Harvest and as specified below.

Other agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rochester Area Neighborhood House respects your privacy. We have established policies for client confidentiality and protection of client information. Communication and records may be disclosed when staff or volunteers determine there is substantial risk of imminent physical injury by the client to themselves or others. Neighborhood House serves clients without regard to age, race, creed, religion, sex, sexual orientation, or national origin.

I release Neighborhood House and its staff from legal liability for disclosing or acquiring information that I have permitted by signing this form. The information provided by me on this form is true, correct, and complete.

I understand that service eligibility is based on the accuracy and truthfulness of the information provided in this document.I have reviewed my information and agree that it is accurate and truthful.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake Volunteer / Case Manager Date

**Client Service Enrollment Application**

***Household Primary Contact Information***

|  |
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| **\*\*REQUIRED INFORMATION**  **\*\*\**If an email is not provided, you will NOT receive our newsletter, annual enrollment reminder, or client events information. Your email is used for internal communication from Neighborhood House only.*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*\*How Many In Household? Adult(s)\_\_\_\_\_ Kids\_\_\_\_\_**  **\*\*First, Middle and Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*\*Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*State \_\_\_\_\_\_\_\_\_\_\_**  **\*\*City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*Zip \_\_\_\_\_\_\_\_\_\_\_ \*\*Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*\*\*Primary Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\*\*Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed  Are you a Veteran?  🞎Yes  🞎No | **Marital Status**  🞎Single  🞎Married  🞎Separated  🞎Common-law  🞎Divorced  🞎Widowed  🞎Domestic Partner  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Transportation Type**  🞎None  🞎Public Trans.  🞎Walking  🞎Biking  🞎Vehicle Owned  🞎Ride with Someone  🞎Cab/Taxi/Uber/Lyft | **Education**  🞎Currently in grade k-12  🞎Graduated High School  🞎GED  🞎Trade/Professional accreditation  🞎2-year degree  🞎4-year degree  🞎Masters  🞎PhD  🞎Undisclosed | **Employment Type**  🞎None  🞎Part-Time  🞎Full-Time  🞎Post-Secondary Student  🞎Seasonal  🞎Military  🞎Multiple Jobs  🞎Internship  🞎Retired  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Pet Profile**  🞎None  🞎Dog  🞎Multiple Dogs  🞎Cat  🞎Multiple Cats  🞎Other Pets  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total # of Pets |
|  |  |  | |  |
| **Household Monthly Income**  **Include Income From All Household Members**  🞎Job/Employment Take Home $$\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Including unemployment and/or workers comp)***  🞎 All Social Security Income $$\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Including SSR,SSI,SSD,SSS)***  🞎Bridge Card $$\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Food, Child Care, Cash, Emergency Relief)***  🞎 USDA Programs  ***(SNAP and/or WIC)***  🞎 Section 8 (HUD) Voucher $$\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Child Support/Alimony $$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Family Gifts / Support $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Pension/401K/IRA $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Student Financial Aid $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎VA Benefits $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Other: Please Explain | | | **Household Monthly Expenses**  🞎Rent/Mortgage/Lot Rent $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Rent/Home Insurance $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Auto Related $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Loan/Lease, Monthly Insurance Amount)***  🞎Auto Gas $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Food $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Consumer Power $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 DTE $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Water $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Cell Phone $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Home Phone $$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎Cable / Internet $$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 All Medical Expense $$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Premium, Co-Pay, Out of Pocket)***  🞎Credit Card/Loans/Garnishments $$\_\_\_\_\_\_\_\_\_\_\_  🞎Child Care/Child Support/Alimony $$\_\_\_\_\_\_\_\_\_\_\_  🞎 All Other $$\_\_\_\_\_\_\_\_\_\_\_ | |
| **Allergies/Sensitivities**  🞎Peanut  🞎Dairy  🞎Egg  🞎Gluten  🞎Seafood  🞎Citrus  🞎Tree Nut  🞎Cinnamon  🞎Sulfite  🞎Tomato | | | **Household Dietary Considerations**  🞎High Blood Pressure  🞎Low Blood Pressure  🞎Diabetic  🞎Vegetarian  🞎Vegan  🞎Heart Disease  🞎Celiac Disease  🞎No Refrigeration  🞎No/Limited Cooking Equipment  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

***Spouse or Partner Living in the Household***

**None**

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are You a Veteran? 🞎 Yes 🞎 No**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Relationship**  🞎Spouse  🞎Partner  🞎Common-Law Partner | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Transportation Type**  🞎None  🞎Public Trans.  🞎Walking  🞎Biking  🞎Vehicle Owned  🞎Ride with Someone  🞎Cab/Taxi/Uber/Lyft | **Education**  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED  🞎Trade/Professional accreditation  🞎2 year degree  🞎4 year degree  🞎Masters  🞎PhD  🞎Undisclosed | **Employment Type**  🞎None  🞎Part-Time  🞎Full-Time  🞎Post-Secondary Student  🞎Seasonal  🞎Military  🞎Multiple Jobs  🞎Internship  🞎Retired  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***Other Adult Living in the Household***

**Including Adult Children 18 or Over**

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are You a Veteran? 🞎 Yes 🞎 No**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship**  🞎Spouse  🞎Partner  🞎Common-Law Partner  🞎Child 18 or Over  🞎Other Adult | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| **Transportation Type**  🞎None  🞎Public Trans.  🞎Walking  🞎Biking  🞎Vehicle Owned  🞎Ride with Someone  🞎Cab/Taxi/Uber/Lyft | **Education**  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED  🞎Trade/Professional accreditation  🞎2-year degree  🞎4-year degree  🞎Masters  🞎PhD  🞎Undisclosed | **Employment Type**  🞎None  🞎Part-Time  🞎Full-Time  🞎Post-Secondary Student  🞎Seasonal  🞎Military  🞎Multiple Jobs  🞎Internship  🞎Retired  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***Other Adult Living in the Household***

**Including Adult Children 18 or Over**

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are You a Veteran? 🞎 Yes 🞎 No**

**Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship**  🞎Child 18 or Over  🞎Parent  🞎Friend | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Transportation Type**  🞎None  🞎Public Trans.  🞎Walking  🞎Biking  🞎Vehicle Owned  🞎Ride with Someone  🞎Cab/Taxi/Uber/Lyft | **Education**  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED  🞎Trade/Professional accreditation  🞎2-year degree  🞎4-year degree  🞎Masters  🞎PhD  🞎Undisclosed | **Employment Type**  🞎None  🞎Part-Time  🞎Full-Time  🞎Post-Secondary Student  🞎Seasonal  🞎Military  🞎Multiple Jobs  🞎Internship  🞎Retired  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***Children 17 or Under Living in Household***

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship**  🞎Child 17 or Under | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **Education**  🞎Pre-K  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED |

***Children 17 or Under Living in Household***

**Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship**  🞎Child 17 or Under | **Gender**  🞎Female  🞎Male  🞎Transgender  🞎Undisclosed | **Race**  🞎Alaska Native/Aleut/Eskimo  🞎American Indian/Native American  🞎Asian  🞎Black/African  🞎Hispanic/Latino  🞎Middle Eastern/North African  🞎Multi-Racial  🞎Pacific Islander  🞎 White/Anglo  🞎Other  🞎Undisclosed | **Primary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Secondary Language**  🞎English  🞎Spanish  🞎Arabic  🞎Mandarin  🞎Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Education**  🞎Pre-K  🞎Currently in Grades k-12  🞎Graduated High School  🞎GED |