

Applicant Name (First, MI, Last)		Date	
Mailing Address		City	State Zip Code
Phone Number		Alternate Phone Number	
Additional Contact		Contact Person's Phone Number	
Applicant Email Address		Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Age

County: _____

1. What is your date of birth? _____

2. What is your gender?

Male Female

3. What is your income? (check all that apply)

Employment Cash Assistance
 SSI Unemployment
 Child support
 Other _____

4. Citizenship:

US Citizen Documented
 Undocumented Refugee
 Other Legal Alien Other _____

Education:

HS Diploma GED
Highest Grade Completed _____
 Yes No

If yes, where? _____

What are you studying? _____

What is your career interest? _____

College Degree: Associate Bachelor
 Masters/Professor

1. Have you been or are you a member of a family who received public cash assistance or SNAP in the last 6 months? Yes No

2. Do you have a disability and/or IEP? Yes No

3. Are you pregnant? Yes No

4. Do you have any minor children? Yes No

5. If English is not your native or primary language, do you need help learning to speak/write/use English? Yes No

6. Are you homeless? Yes No

7. Are you a runaway? Yes No

8. Are you in foster care or were you previously in foster care?
 Yes No

9. Are you involved or were you involved in the juvenile court or adult justice system? Yes No

10. Do you receive or are you eligible to receive free or reduced price lunch? Yes No

11. Do you have any siblings under age 18 in the home?

Yes No

If yes, how old are they? _____

How did you hear about the program? _____

Comments: