

1) YOUR INFORMATION

Name: _____
 SSN: _____ DOB: _____
 Address: _____
 City: _____ Zip: _____
 Phone #: _____ Other phone #: _____
 Email Address: _____
 Employer: _____

2) SPOUSE/SIGNIFICANT OTHER

Name _____ DOB: _____
 SSN: _____ Marital status: _____
 Employer: _____

3) EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone # _____

4) CHILDREN (or anyone for whom you are the legal guardian)

Name	DOB	Gender	Living with you?
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No
		M / F	Yes / No

5) DOES ANYONE ELSE LIVE WITH YOU?

Name	DOB	Relationship	Occupation	Gender	Income
				M / F	
				M / F	
				M / F	

6) YOUR EDUCATION & TRAINING

	Years completed	Graduated?	Degree/course of study
High School		Yes / No	
College		Yes / No	
Vocational School		Yes / No	
Other education		Yes / No	

Military Service	Branch:	Total years served:
	Duties/skills:	

7) OTHER INFORMATION

Do you have transportation?
<input type="checkbox"/> I own a vehicle
<input type="checkbox"/> I lease a vehicle
<input type="checkbox"/> I don't have a vehicle

Do you have medical insurance?
<input type="checkbox"/> Medicaid/Medicare
<input type="checkbox"/> I have a plan through my job
<input type="checkbox"/> I purchase my own insurance
<input type="checkbox"/> No medical insurance

Do you own or rent your home?	
<input type="checkbox"/> I own a home / pay a mortgage	In default? _____ Amount you pay each month \$ _____
<input type="checkbox"/> I pay rent Section 8?	_____ Amount you pay each month \$ _____
<input type="checkbox"/> I live with family/friends	Who? _____
<input type="checkbox"/> I currently live in transitional housing/shelter	Where? _____
<input type="checkbox"/> Other	_____

Do you have a church home? If yes, which one? _____
 How often do you attend worship? _____
 Where do you volunteer at your church? _____

8) OTHER AGENCIES THAT HAVE HELPED YOU IN THE PAST 12 MONTHS

Name	Amount Received	Purpose