

Community Council of South Central Texas
Community Services Application

OTHER HOUSEHOLD MEMBERS

Household Member First Name:		Last Name:			Middle Initial:	
Date of birth:		SS #:				
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> African American /Black <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> HS Grad / GED <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/4 yr Grad	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None	
Relationship to Applicant		Work Status 18 or over			Health Insurance	
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Unemployed 6 month + <input type="checkbox"/> Unemployed less than 6 mos.			<input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Minor under 18 <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins.	
Other income received		Receive Non-Cash Benefits				
<input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF		<input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Non-Service Connected Dis. <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None			<input type="checkbox"/> SNAP (Food stamps) <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> WIC <input type="checkbox"/> None	
Household Member First Name:		Last Name:			Middle Initial:	
Date of birth:		SS #:				
Gender	Race	Ethnicity	Education	Military Status	Seasonal Work	
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