

Community Council of South Central Texas  
Community Services Program Application

Please complete the following pages for all other household member(s). You **MUST** answer **ALL** questions.  
If more than 3 people in your home, please ask for additional pages

**OTHER HOUSEHOLD MEMBERS**

Household Member First Name:		Last Name:			Middle Initial:	
Date of birth:		SS #:				
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b> <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	<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<b>Education</b> <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	<b>Military Status</b> <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	<b>Seasonal Work</b> <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Work <input type="checkbox"/> Seasonal Work <input type="checkbox"/> Other <input type="checkbox"/> None	
<b>Relationship to Applicant</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		<b>Work Status 18 or over</b> <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.			<b>Health Insurance</b> <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Military Health Care <input type="checkbox"/> Adults State Health Ins. <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> None	
<b>Other income received</b> <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			<b>Receive Non-Cash Benefits</b> <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			

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<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	
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