

CCSCT -2026 Community Services Application
Additional Household Members

Other Household Member		
First Name:	Last Name:	Middle Initial:
Date of birth:	SS #:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	If female, are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relation to Applicant: <input type="checkbox"/> Applicant <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child <input type="checkbox"/> Friend <input type="checkbox"/> Foster Child/Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-relative		
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other	
Education: <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> GED <input type="checkbox"/> HS Grad <input type="checkbox"/> 12+ college <input type="checkbox"/> 2/ yr. Grad <input type="checkbox"/> 4 + yr Grad <input type="checkbox"/> Vocational School		
Health Insurance: <input type="checkbox"/> Direct purchase <input type="checkbox"/> Employment based <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> None <input type="checkbox"/> CHIP <input type="checkbox"/> Adults State Health Ins.		
Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A <input type="checkbox"/> Surviving Spouse, or <input type="checkbox"/> Dependent		Are they disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Are they receiving disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Status: <input type="checkbox"/> Disabled <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant/Seasonal Farmworker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed 6 months or longer <input type="checkbox"/> Unemployed less than 6 mos. <input type="checkbox"/> Minor under 18		
Other Income Sources: <input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> SS Disability <input type="checkbox"/> SS Retirement <input type="checkbox"/> SSI <input type="checkbox"/> Survivor SS <input type="checkbox"/> Private Pension/Retirement <input type="checkbox"/> Private Disability <input type="checkbox"/> TANF <input type="checkbox"/> Worker's Comp <input type="checkbox"/> VA Service Connected Disability <input type="checkbox"/> VA Service Non-Connected Disability <input type="checkbox"/> Unemployment Benefit <input type="checkbox"/> None		
Disconnected Youth: Are they age 14-24 not working or attending school <input type="checkbox"/> Yes <input type="checkbox"/> No		

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