

**1. Identification Please provide identifying information.**

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Name: Last	First	Middle	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date	Social Security Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		Apt #	Race
City	State	Zip	Marital Status
Home Phone	Cell Phone	Work Phone	Highest Grade Completed
Employer			Current Employment Status

**2. Household Please list everyone living in your home.**

Name	Sex	Relationship to You	Age

**3. Income Please list all income for the household.**

Name of Person with Income	Source of income (wages, child support, SSI, SSDI, SS, FIP)	Gross Amount per Month

**4. Resources Please provide your best estimate of each asset you own. (Must fill each box with 0 or dollar amount)**

Cash	\$	Checking	\$	Savings	\$	CD's	\$
Stocks & Bonds	\$	Real Estate	\$	Vehicles	\$	Life Insurance	\$

**5. Insurance Please check all of the health insurance coverage that applies to you.**

<input type="checkbox"/> None	<input type="checkbox"/> Medicaid: State ID #	<input type="checkbox"/> Medicare: Policy #	<input type="checkbox"/> Private Insurance Company: Policy #
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**6. Legal Residence If you have not lived in this county for the last 3 consecutive years please list your previous addresses going back 5 years.**

From	To	Street	City	State	County
- -	- -				
- -	- -				
- -	- -				
- -	- -				

7. Have you applied for Social Security Disability?  No  Yes If yes, when did you apply? \_\_\_\_\_
8. Do you have a social security representative payee?  No  Yes
9. Do you have a court appointed guardian?  No  Yes
10. Are you court ordered to receive mental health or substance abuse treatment?  No  Yes
11. Is this a voluntary admission for inpatient treatment?  No  Yes
12. Have you received any substance abuse, mental health or vocational services in the last year?  No  Yes  
If yes, please give the name of the agency providing the service: \_\_\_\_\_

I hereby attest that the information I have provided is true and I also give the County permission to release this information to verify and/or communicate eligibility for the assistance requested.

13. Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_