

1. Identification Please provide identifying information.

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	County	Marital Status
Home Phone		Work Phone		Highest School Grade Completed
Employer				Current Employment Status

2. Household Please list all members of your household.

Name	Sex	Relationship to you	Age

3. Income Please list all income for the household.

Name of Person with Income	Source of Income (i.e. wages, child support, SSI, SSDI, SS, FIP)	Amount Received per Month

4. Resources Please fill in the market value of each asset you own. (Must fill each box with 0 or dollar amount.)

Cash	\$	Checking	\$	Savings	\$	CDs	\$
Stocks	\$	Real Estate	\$	Vehicles	\$	Life Insurance	\$
Bonds	\$						

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

<input type="checkbox"/> No Insurance	<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 Worth 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. Have you received any substance abuse, mental health or vocational services in the last year?  No  Yes
- 9. 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:

10. Applicant's Signature: X \_\_\_\_\_ 11. Date: \_\_\_\_\_