

Applicant's Information – Please complete the following information for the primary applicant.

First Name		M Initial	Last Name		Suffix	Date of Birth / /	
Social Security Number		Gender	Ethnicity		Marital Status		Other Status
- -		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	
Primary Language	English Proficiency		Race (mark all that apply)				
	<input type="checkbox"/> None <input type="checkbox"/> Moderate	<input type="checkbox"/> Poor <input type="checkbox"/> Proficient	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> Native American Specify:		
Primary Phone				Secondary Phone			
() Ext.		<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Message	() Ext.		<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Message
E-Mail Contact(s)							
Living Address				Unit	City	State	Zip Code
Mailing Address (if different from Living Address)				Unit	City	State	Zip Code
Type of Dwelling							
<input type="checkbox"/> Apartment		<input type="checkbox"/> Single Family House		<input type="checkbox"/> Condo/Townhouse		<input type="checkbox"/> Duplex/Triplex/4-plex	
<input type="checkbox"/> Mobile Home/Trailer		<input type="checkbox"/> Motel/Hotel		<input type="checkbox"/> Shelter		<input type="checkbox"/> Park/Street	
Housing							
<input type="checkbox"/> Rent		<input type="checkbox"/> Own	<input type="checkbox"/> Does not pay	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other	<input type="checkbox"/> Home Owners Association	
Highest Level of Education Completed				Present Employment Status			
<input type="checkbox"/> Grade 9 or less		<input type="checkbox"/> High School Non-Graduate		<input type="checkbox"/> Full-time (+35 hours/week)		<input type="checkbox"/> Seasonally Employed	
<input type="checkbox"/> HS Diploma/GED		<input type="checkbox"/> Some College		<input type="checkbox"/> Part-time (-35 hours/week)		<input type="checkbox"/> Training or School	
<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Master's Degree		Employer Name:					
Applicant's Primary Income Source					Monthly Amount	Period Received	
<input type="checkbox"/> Employment		<input type="checkbox"/> Unemployment		<input type="checkbox"/> No Income	\$ _____	From ____ / ____ / ____	
<input type="checkbox"/> Social Security		<input type="checkbox"/> SSI		<input type="checkbox"/> TANF		To ____ / ____ / ____	
<input type="checkbox"/> Pension		<input type="checkbox"/> Child Support		Specify:			
Applicant's Secondary Income Source					Monthly Amount	Period Received	
<input type="checkbox"/> Employment		<input type="checkbox"/> Unemployment		<input type="checkbox"/> No Income	\$ _____	From ____ / ____ / ____	
<input type="checkbox"/> Social Security		<input type="checkbox"/> SSI		<input type="checkbox"/> TANF		To ____ / ____ / ____	
<input type="checkbox"/> Pension		<input type="checkbox"/> Child Support		Specify:			
Primary Health Coverage				Secondary Health Coverage			
<input type="checkbox"/> None		<input type="checkbox"/> Medicaid		<input type="checkbox"/> Medicare		<input type="checkbox"/> None	
<input type="checkbox"/> Private		<input type="checkbox"/> Nevada Check Up		<input type="checkbox"/> Indian Health Services		<input type="checkbox"/> Medicaid	
Specify:						<input type="checkbox"/> Medicare	
						<input type="checkbox"/> Nevada Check Up	
						<input type="checkbox"/> Indian Health Services	
						Specify:	

Does anyone in the home receive any of the following services?		How many people live in your home?	
<input type="checkbox"/> WIC	<input type="checkbox"/> Food Stamps	Adults: _____	
<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Energy Assistance Program	Children: _____	
<input type="checkbox"/> Section 8 Housing	<input type="checkbox"/> Foster Care Subsidy		
<input type="checkbox"/> HUD Housing	<input type="checkbox"/> TANF		
Primary Type of Transportation		Who referred you to us?	
<input type="checkbox"/> Private Vehicle	<input type="checkbox"/> Walk	<input type="checkbox"/> Family	<input type="checkbox"/> Friend <input type="checkbox"/> Outside Agency
<input type="checkbox"/> Vehicle of Friend or Relative	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> CSA/HS Referral	<input type="checkbox"/> Community Events <input type="checkbox"/> Poster/Flyer
<input type="checkbox"/> Other:		<input type="checkbox"/> Television	<input type="checkbox"/> Newspaper <input type="checkbox"/> Phone Book
		<input type="checkbox"/> Radio	<input type="checkbox"/> Internet Website <input type="checkbox"/> Other

Program Applicant Disclosure Statement (SIGNATURE REQUIRED)

I hereby declare that the information contained in this application for program services is true and correct to the best of my knowledge and understanding. No false or misleading statements have been made by me or anyone representing me. The acceptance of the application does not guarantee that services will be performed under any program, and that services are dependent on many things including accurate applications, availability of funding and a determination that the applicant qualifies for the program.

I hereby release, discharge, exonerate Community Services Agency, their agents and representatives and any person furnishing information or examining information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives to use the information that I have provided aggregated with other customers and clients of Community Services Agency for any and all reporting and funding purposes.

Applicant's Signature

Today's Date

Community Services Agency, its agents, partners and funding sources do not discriminate on the basis of race, color, sex, age, religion, national origin, disability, marital status, sexual orientation or ancestry, or any other consideration made unlawful by applicable discrimination laws. *"The USDA is an equal opportunity provider and employer."*

Additional Household Member – Please complete the following information for all members of the household.

First Name		M Initial	Last Name		Suffix	Date of Birth / /	
Social Security Number		Gender	Ethnicity		Marital Status		Other Status
- -		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Disabled <input type="checkbox"/> Veteran	
Relationship to the Applicant							
<input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Non-Relative							
Household Member Status							
<input type="checkbox"/> Secondary Adult <input type="checkbox"/> Other Adult <input type="checkbox"/> Child							
Primary Language		English Proficiency		Race (mark all that apply)			
		<input type="checkbox"/> None <input type="checkbox"/> Moderate	<input type="checkbox"/> Poor <input type="checkbox"/> Proficient	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> Native American Specify:	
Highest Level of Education Completed				Present Employment Status			
<input type="checkbox"/> Grade 9 or less <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree		<input type="checkbox"/> High School Non-Graduate <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Full-time (+35 hours/week) <input type="checkbox"/> Part-time (-35 hours/week) <input type="checkbox"/> Retired or Disabled		<input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed	
				Employer Name:			
Primary Income Source					Monthly Amount	Period Received	
<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension		<input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> Child Support		<input type="checkbox"/> No Income <input type="checkbox"/> TANF Specify:		\$ _____ From ____ / ____ / ____ To ____ / ____ / ____	
Secondary Income Source					Monthly Amount	Period Received	
<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension		<input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> Child Support		<input type="checkbox"/> No Income <input type="checkbox"/> TANF Specify:		\$ _____ From ____ / ____ / ____ To ____ / ____ / ____	
Primary Health Coverage				Secondary Health Coverage			
<input type="checkbox"/> None <input type="checkbox"/> Private Specify:		<input type="checkbox"/> Medicaid <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Medicare <input type="checkbox"/> Indian Health Services		<input type="checkbox"/> None <input type="checkbox"/> Private Specify:		<input type="checkbox"/> Medicaid <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Medicare <input type="checkbox"/> Indian Health Services	