

**HOUSEHOLD:**

**NOTE: This information is collected for Grant writing purposes ONLY and is OPTIONAL**

Member lives with: \_\_\_ Mom \_\_\_ Step Mom \_\_\_ Dad \_\_\_ Step Dad \_\_\_ Grandparent \_\_\_  
Other: \_\_\_\_\_

Housing:       Own               Rent               Housing Assistance

**Annual Income Level:**

\$0 - \$5,000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
\$5,001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: \_\_\_\_\_

Is there a Member of the Household 65 years old or Older: \_\_\_ Yes \_\_\_ No

Is there a Member of the Household Handicapped: \_\_\_ Yes \_\_\_ No

Current Head of Household: \_\_\_ Female \_\_\_ Male

Current Single Parent: \_\_\_ Yes \_\_\_ No

**Employment**

Mother/Legal Guardian:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Unemployed
Father/Legal Guardian:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Unemployed

**Family currently receives or has received in the past:**

<input type="checkbox"/> TANF	<input type="checkbox"/> Head Start Services	<input type="checkbox"/> Housing Assistance
<input type="checkbox"/> FOOD STAMPS	<input type="checkbox"/> Medical Card/Kid Care	
<input type="checkbox"/> IHEAP	<input type="checkbox"/> SSI/Disability	

**ETHNIC GROUP (Optional)**

American Indian/Alaska Native  Black  Hispanic/Latino  Caucasian (*not of Spanish origin*)  Asian  Native Hawaiian/Pacific Islander  Unknown  Mixed