



Application must be filled out in legible handwriting . Please Print

Name	Birth Date	Age	Social Security #	Gender	Disabled
	___/___/___		___-___-___	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No

Phone: <input type="radio"/> Home <input type="radio"/> Message <input type="radio"/> Cell	Email:

Mailing Address:	City and State	Zip Code	County

Race	Ethnicity	Health Insurance	Education	Food Stamp	Veteran
<input type="radio"/> African American <input type="radio"/> Asian American <input type="radio"/> Caucasian <input type="radio"/> Pacific Islander <input type="radio"/> Native American <input type="radio"/> Other _____ _____	<input type="radio"/> Hispanic <input type="radio"/> Non Hispanic	<input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> Private <input type="radio"/> None <input type="radio"/> Other (specify) _____ _____	<input type="radio"/> 0 to 8th grade <input type="radio"/> High School Non Graduate <input type="radio"/> High School Graduate or GED <input type="radio"/> Some College / Vocational <input type="radio"/> Associates Degree <input type="radio"/> Bachelors Degree <input type="radio"/> Graduate School or Beyond	<input type="radio"/> Yes <input type="radio"/> No How much? _____	<input type="radio"/> Yes <input type="radio"/> No

Household Size \_\_\_\_\_

Household members with Income	Income	How Often	Type of Income (I.E) Employment, unemployment, Social Security ,Pension, TANF, Child Support, SSI/SSD,HUD Utility Allowance, Other (Please Specify)
1)			
2)			
3)			
4)			
5)			
<b>Total Monthly Household Income</b>			

Marital Status	Household Type	Housing Type	Referred to by :
Single	Female single parent	I own my home and have a mortgage	(Please Specify) _____
Divorced/ Separated	Male single parent	I own my home without a mortgage	
Widow	Single adult	I rent a home	
Married	Two or more unrelated adults	I rent a Apartment	
Common Law	Married with children	Live with family	
Domestic Partnership	Married without children	Live with someone	
	Grandparent household	I am currently homeless	
	Two single parent with children	I live in a dorm or other group setting	
	Other		
(Please Specify) _____	(Please Specify) _____	(Please Specify) _____	



0 to 8th Grade	Associates Degree	AA: African American	PI : Pacific Islander
High School Non Graduate	Bachelors Degree	AS: Asian American	NA : Native American
High School Graduate or GED	Graduate School or Beyond	CA: Caucasian	O: Other _____
Some College / Vocational			

Name of other household members	Social Security	Birth Date	Age	Relationship	Gender	Disabled	Race	Hispanic /Latino	Health Insurance	Veteran	Food Stamp	Education
1.	____ - ____ - ____				M/F	Y/ N		Y/ N	Y/ N	Y/ N	Y/N	
2.	____ - ____ - ____				M/F	Y/ N		Y/ N	Y/ N	Y/ N	Y/ N	
3.	____ - ____ - ____				M/F	Y/ N		Y/ N	Y/ N	Y/ N	Y/ N	
4.	____ - ____ - ____				M/F	Y/ N		Y/ N	Y/ N	Y/ N	Y/ N	
5.	____ - ____ - ____				M/F	Y/ N		Y/ N	Y/ N	Y/ N	Y/ N	
6.	____ - ____ - ____				M/F	Y/ N		Y/ N	Y/ N	Y/ N	Y/ N	
7.	____ - ____ - ____				M/F	Y/ N		Y/ N	Y/ N	Y/ N	Y/ N	

I \_\_\_\_\_ grant CARE Community Center, Inc. permission to take photographs of me and my family in connection with the programs, workshops or events. I authorize CARE Community Center, Inc. its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that CARE Community Center, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I further understand that I am a volunteer/client and hold harmless the CARE Community Center, Inc. and its staff, board members and all partner organizations involved in volunteer projects. I assume all risk of injury to myself (and my child / children if present) and / or damage to my property.

I also consent for the CARE Community Center, Inc. to copy and use my State ID or DL and Social Security card (and those of my family members if required) as identification to process my application for programs of CARE Community Center, Inc. I further understand that this information is kept in a secure location and is not accessed by any person other than CARE Community Center, Inc. staff, auditors, and monitors. Any referral made on my behalf by CARE Community Center, Inc. is at my request. I hereby give CARE Community Center, Inc. and their staff permission to share my information when I request referrals for assistance outside of the CARE Community Center, Inc. programs. I have been made aware of the CARE Community Center, Inc. privacy policy.

I hereby give my consent to have my information released to other programs within CARE Community Center, Inc. or agencies that provide assistance to my family. I further understand that all information is treated as confidential and private in accordance with the confidentiality policies of CARE Community Center, Inc. and will not be released to outside agencies without my written consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Root Cellar:</u>	<u>The Neighbor Network:</u>	<u>The Job Market:</u>
Food Pantry _____	Life Skill Training _____	Employability Services _____
Financial Literacy _____	Mentoring _____	Computer Skills _____
Nutrition Education _____	Volunteer _____	
Other _____		<u>VITA Site: CARE Community Center</u>
Disposition: <b>Denied:</b> _____	<b>Approved:</b> _____	Referral to: CARE
Over income _____	Referral to: CM	Jones Center
Did Not Return Documentation _____	NN	Non Profit Building
Other : _____	JM	
_____	RC	
Staff : _____ Date : _____		Referral/Note