

Welcome to CAC. Please fill this out to the best of your ability. We look forward to serving you.

Head of Household Information Page

Relationship to Head of Household	
HEAD of HOUSEHOLD	
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Birth Date:	<input type="text"/>

Head of Household Contact Information	
Email Address: <input type="text"/>	
*If no email, enter N/A	
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone <input type="text"/> -
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone <input type="text"/> -

Completed Education/Schooling (Age 18+) CHECK ONE

- 0 to 8th grade
- 9th to 12th grade / did not graduate high school yet
- High School Graduate
- GED
- 12th grade + some more school
- 2-to-4-year college graduate
- Graduate School or other Post-Secondary School

Are you Disabled? CHECK ONE

- Yes
- No

Race CHECK ONE

- American Indian or Alaska native
- Asian
- Biracial/Multi-racial
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other: _____

Ethnicity CHECK ONE

- Hispanic or Latino
- Not Hispanic or Latino

Job Status (Age 18+) CHECK ONE

- Full-time job
- Part-time job
- Migrant seasonal farm worker
- Retired
- Unemployed for more than 6 months
- Unemployed for 6 months or less
- Unemployed (Not in labor force)

In School or Job Training Program? CHECK ONE

- N/A (under age 18)

- No

- Yes → Full-time **or** Part-time

If Yes, list name of school or training program:

Health Insurance Coverage CHECK ONE

- None
- Direct-purchase
- Military (Tricare, ChampVA)
- Medicare
- Medicaid (Medical Assistance)
- State Children/CHIP (Child Health Insurance Program)
- State Adult
- Employment based (your job provides it)
- Other: _____

Citizenship Status CHECK ONE

- Citizen
- Legal Alien
- Undocumented
- Decline to Answer

Primary Language You Speak CHECK ONE

- English
- Spanish
- Native Central American, South American & Mexican
- Caribbean
- Middle Eastern & South Asian
- East Asian
- Native North American/Alaska Native
- Pacific Island
- European & Slavic
- Other: _____

Marital Status (Age 18+) CHECK ONE

- Single
- Married
- Divorced
- Separated
- Domestic Partner
- Widowed

Military Status (Age 18+) CHECK ONE

- Active
- Never in Military (no affiliation)
- Veteran

General Household Information Page for Head of Household

Head of Household Name: _____

Number of people in Household: _____ **Primary Language Spoken in Household:** _____

Family Type (Check ONE)

<input type="checkbox"/> Extended family	<input type="checkbox"/> Multi-generational (grandparents with grandchildren)	<input type="checkbox"/> Non-related adults with children
<input type="checkbox"/> Single parent/Female	<input type="checkbox"/> Single parent/Male	<input type="checkbox"/> Two parent household
<input type="checkbox"/> Two adults/No children	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Guardian
<input type="checkbox"/> Single person	<input type="checkbox"/> Other: _____	

Housing (Check ONE)

<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Homeless
<input type="checkbox"/> Temporary quarters	<input type="checkbox"/> Other permanent housing	
<input type="checkbox"/> Other: _____		

Residence Type (Check ONE)

<input type="checkbox"/> Apartment / Multi-Family	<input type="checkbox"/> Condominium
<input type="checkbox"/> Mobile home	<input type="checkbox"/> Single family home
<input type="checkbox"/> Other: _____	

Complete This Section If You Rent

Is your rent reduced through help from HUD or Subsidized Housing Voucher (Section 8)? Yes No

If you answered yes to the question above, do you receive Utility Allowance? Yes No

Is your heat included in your rent? Yes No

Landlord's Name/Apartment Complex: _____

Landlord's Mailing address:

_____ (address & street name) _____ (apt./unit number) _____ (city/county) _____ (state) _____ (ZIP)

Landlord's Phone Number: _____ Landlord's Email Address: _____

Your Physical Home Address

Address & Street Name: _____ Apt./Unit Number: _____

City/County: _____ State: _____ ZIP: _____

Check if Howard County resident for the last 6 months

Your Mailing Address *If different than physical address

Address & Street Name: _____ Apt./Unit Number: _____

City/County: _____ State: _____ ZIP: _____

Please Check the Programs for which you are applying:

<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Weatherization Assistance
<input type="checkbox"/> SNAP Application (Food Stamps / EBT Card) Assistance		
<input type="checkbox"/> Head Start / Early Childhood Education: _____		

(enter name of child/children applying for Head Start / Early Childhood Education)

How did you hear about us? _____

Application Certification:

I certify that the information I have provided is true and correct. I understand that providing false or incomplete information may result in denial of my application. By signing below, I:

1. authorize the Community Action Council of Howard County to verify and obtain any necessary information or documentation to determine my eligibility for assistance; and
2. understand some services are funded by grants, which may require certain information (e.g., aggregate demographic data, service use, and outcomes), to be shared with funders for reporting or compliance purposes.

Applicant Signature: _____ Date: _____

Household Income Page

Head of Household Name:

Provide the gross income (before taxes) for each household member with any income, for all sources listed below, for the last 30 days.

	Household Member #1 (please print NAME below)	Household Member #2 (please print NAME below)	Household Member #3 (please print NAME below)	Household Member #4 (please print NAME below)
INCOME SOURCE(S)				
EMPLOYMENT:				
Full Time Job	\$	\$	\$	\$
Paid in Cash	\$	\$	\$	\$
Part Time Job	\$	\$	\$	\$
Self Employed	\$	\$	\$	\$
Long Term Disability	\$	\$	\$	\$
Short Term Disability	\$	\$	\$	\$
Veteran Benefits	\$	\$	\$	\$
OTHER SOURCES OF INCOME:				
Child Support / Alimony	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$	\$
TCA / TANF (Temporary Cash Assistance)	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Please CHECK ONLY if you are currently receiving <u>NO INCOME</u> from any Employment, Services, or Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER BENEFITS / SERVICES YOU RECEIVE:				
(check all that apply)				
<input type="checkbox"/> Childcare Voucher / Subsidy				
<input type="checkbox"/> SNAP/Food Stamps (Supplemental Nutrition Assistance Program)				
<input type="checkbox"/> WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)				
<input type="checkbox"/> Public Housing / Housing Voucher				

IMPORTANT: You must complete one page for each additional household member in your household.

Additional Household Member Information Page

Head of Household Name:

Relationship to Head of Household

First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Birth Date:	<input type="text"/>

Additional household member contact information (Age 21+)

Email Address:	<input type="text"/>	
*If no email, enter N/A		
<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Home Phone	(<input type="text"/>) - <input type="text"/>
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- Yes
- No

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