

In an ongoing effort to make sure that your information is accurate and up-to-date, please completely fill out this form.

## HEAD OF HOUSEHOLD INFORMATION

Date: \_\_\_\_\_ PROGRAM:  B-T-S Backpacks  Thanksgiving  Holiday Adopt-A-Family

Full Name: \_\_\_\_\_ Gender:  M  F  \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ How many years have you lived in your current city? \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Race:  Caucasian  Black/African American  Asian Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino  
 Multiracial  American Indian/Alaskan Native  Other

Veteran/Active Military:  Yes  No Disabled:  Yes  No

Are you enrolled in MassHealth?  Yes  No

Do you receive SNAP Benefits?  Yes  No Amount: \$ \_\_\_\_\_

*If no, why?*  Income  Program Requirements Changes

What is your employment status?  Full-time  Part-time  Unemployed  Seasonal  
 Student  Retired  Unable to Work

What is the last grade of schooling you successfully completed? \_\_\_\_\_

## GENERAL HOUSEHOLD INFORMATION

What is your housing situation? *Check the box that best applies.*

Public Housing  Market Rent  Staying with Friends/Relatives  Own  
 Section 8  Affordable Housing  Homeless:  With Shelter  Without Shelter

What is your household annual (per year) income?

\$0 – \$12,000  \$12,001 – \$21,257  \$21,258 – \$28,694  \$28,695 – \$36,131  
 \$36,132 – \$43,568  \$43,569 – \$51,005  \$51,006 – \$58,442  \$58,443 – \$65,879  
 \$65,880 – \$73,316  \$73,317 or more Exact Monthly or Annual Income: \$ \_\_\_\_\_

Do you OR your dependents participate in any of the following programs? *Check all that apply.*

Meals on Wheels  WIC  Fuel Assistance  SNAP \$ \_\_\_\_\_  
 Free/Reduced School Lunch  Head Start  Veterans Aid  TAFDC/Cash Assistance

## HOUSEHOLD MEMBERS

Full Name: \_\_\_\_\_ Gender:  M  F  \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last grade of schooling successfully completed or current grade: \_\_\_\_\_

Race:  White/Caucasian  Black/African American  Asian  Multiracial  American Indian  Other

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino

Veteran/Active Military:  Yes  No Disabled:  Yes  No

Employment status?  Full-time  Part-time  Unemployed  Seasonal  
 Student  Retired  Unable to Work

What type of health insurance do they have?  MassHealth  Medicare  Private  Other

Full Name: \_\_\_\_\_ Gender:  M  F  \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last grade of schooling successfully completed or current grade: \_\_\_\_\_

Race:  White/Caucasian  Black/African American  Asian  Multiracial  American Indian  Other

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino

Veteran/Active Military:  Yes  No Disabled:  Yes  No

Employment status?  Full-time  Part-time  Unemployed  Seasonal  
 Student  Retired  Unable to Work

What type of health insurance do they have?  MassHealth  Medicare  Private  Other

Full Name: \_\_\_\_\_ Gender:  M  F  \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last grade of schooling successfully completed or current grade: \_\_\_\_\_

Race:  White/Caucasian  Black/African American  Asian  Multiracial  American Indian  Other

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino

Veteran/Active Military:  Yes  No Disabled:  Yes  No

Employment status?  Full-time  Part-time  Unemployed  Seasonal  
 Student  Retired  Unable to Work

What type of health insurance do they have?  MassHealth  Medicare  Private  Other

Full Name: \_\_\_\_\_ Gender:  M  F  \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last grade of schooling successfully completed or current grade: \_\_\_\_\_

Race:  White/Caucasian  Black/African American  Asian  Multiracial  American Indian  Other

Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino

Veteran/Active Military:  Yes  No Disabled:  Yes  No

Employment status?  Full-time  Part-time  Unemployed  Seasonal  
 Student  Retired  Unable to Work

What type of health insurance do they have?  MassHealth  Medicare  Private  Other

How did you hear about Beverly Bootstraps?  Community Agency  Family/Friend  Mailing  School  
 Religious Group  Doctor's Office  Other: \_\_\_\_\_

## CERTIFICATION

The applicant certifies that all information in the application is true and correct to the best of his or her knowledge, no information has been excluded which might reasonably affect a judgment regarding the applicant's eligibility, and the applicant was informed of all the programs at Beverly Bootstraps that are available to him/her.

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