

FAMILY MEMBER #3

First Name _____ M _____ Last _____
DOB _____ Age: _____ SS# _____ Race _____ Ethnicity (Hispanic or Latino or NOT) _____
Gender: M F First Income: _____ Per _____ Source _____
Second Income: _____ Per _____ Source: _____

Education Level (if age 24 or older) 0-8 9-12 NON-GRAD High School Grad/GED
12+ (some post-secondary) 2/4 yr college grad

Do you have Health Insurance? Yes ___ No ___ Are you Disabled? Yes ___ No ___

FAMILY MEMBER #4

First Name _____ M _____ Last _____
DOB _____ Age: _____ SS# _____ Race _____ Ethnicity (Hispanic/Latino or NOT) _____
Gender: M F First Income: _____ Source _____
Second Income: _____ Source: _____

Education Level (if age 24 or older) 0-8 9-12 NON-GRAD High School Grad/GED
12+ (some post-secondary) 2/4 yr college grad

Do you have Health Insurance? Yes ___ No ___ Are you Disabled? Yes ___ No ___

FAMILY MEMBER #5

First Name _____ M _____ Last _____
DOB _____ Age: _____ SS# _____ Race _____ Ethnicity (Hispanic/Latino or NOT) _____
Gender: M F First Income: _____ Source _____
Second Income: _____ Source: _____

Education Level (if age 24 or older) 0-8 9-12 NON-GRAD High School Grad/GED
12+ (some post-secondary) 2/4 yr college grad

Do you have Health Insurance? Yes ___ No ___ Are you Disabled? Yes ___ No ___

FAMILY MEMBER #6

First Name _____ M _____ Last _____
DOB _____ Age: _____ SS# _____ Race _____ Ethnicity (Hispanic/Latino or NOT) _____
Gender: M F First Income: _____ Source _____
Second Income: _____ Source: _____

Education Level (if age 24 or older) 0-8 9-12 NON-GRAD High School Grad/GED
12+ (some post-secondary) 2/4 yr college grad

Do you have Health Insurance? Yes ___ No ___ Are you Disabled? Yes ___ No ___

