

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:  White     Black/African American     Asian     Hawaiian/Pacific Islander  
 American Indian/Alaskan Native     Prefer Not to Answer     Other     Don't Know

Ethnicity:  Hispanic/Latino     Non-Hispanic/Latino

Veteran/Active Military:  Yes     No    Disabled:  Yes     No

Health Insurance:  MassHealth     Medicare     Private     Other     None

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:** \_\_\_\_\_