

CHILDREN AND FAMILY SERVICES – ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS

# Combined Application – Household Member Supplement Form

**Purpose:** This form is a supplement to the Combined Application Form (CAF) (DHS-5223). Use this form if you need more space than the five persons allowed on the CAF to list the people in your household.

**Additional people:** List all of the people living in your home, even those temporarily living away from you, even if you are not applying for them and/or the person is not asking for assistance. Program rules require some people to get benefits together. For example, list your spouse, other adults, children, all other people and those temporarily away from your home.

|   |   |   |   |
|---|---|---|---|
| <b>*Marital status:</b> (choose one) <b>N</b> = Never married <b>M</b> = Married living with spouse <b>S</b> = Separated (married, living apart) <b>L</b> = Legally separated <b>D</b> = Divorced <b>W</b> = Widowed                  |   |   |   |
| <b>*Race:</b> (choose all that apply) <b>A</b> = Asian <b>B</b> = Black or African American <b>N</b> = American Indian/Alaska Native <b>P</b> = Pacific Islander/Native Hawaiian <b>W</b> = White                                     |   |   |   |
| <b>NOTE:</b> This information will not affect eligibility or level of benefits and is to assure that program benefits are distributed without regard to race, color, or national origin   |   |   |   |
| <b>PERSON 11</b>  |   |   |   |
| LEGAL NAME - LAST   | FIRST NAME  | MIDDLE NAME   | OTHER NAMES (maiden name, nickname, etc.)   |
| SOCIAL SECURITY NUMBER (only if applying for help)  | DATE OF BIRTH   | GENDER <input type="radio"/> Prefer Not to Say<br><input type="radio"/> Male <input type="radio"/> Female | RELATIONSHIP TO YOU   |
| MARITAL STATUS*<br><input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W  | LAST SCHOOL GRADE COMPLETED   | MOST RECENTLY MOVED TO MINNESOTA<br>Date (mm/dd/yyyy): _____ From: _____                                  |   |
| CITIZENSHIP<br><input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen  |   |   |   |
| IMMIGRATION STATUS (only if applying for help)  | U.S. Military Service (regardless of discharge status)?<br><input type="radio"/> Yes <input type="radio"/> No |   |   |
| WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? <input type="checkbox"/> CCAP<br><input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None |   | ETHNICITY (optional)<br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No                      | RACE** (optional)<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |
| <b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>   |   |   |   |
| Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No<br>Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No   |   | RELATIONSHIP VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached               | IMMIGRATION VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached  |

| PERSON 12  |   |   |   |  |
|--|---|---|---|--|
| LEGAL NAME - LAST  | FIRST NAME  | MIDDLE NAME   | OTHER NAMES (maiden name, nickname, etc.)   |  |
| SOCIAL SECURITY NUMBER (only if applying for help)   | DATE OF BIRTH   | GENDER <input type="radio"/> Prefer Not to Say<br><input type="radio"/> Male <input type="radio"/> Female | RELATIONSHIP TO YOU   |  |
| MARITAL STATUS*<br><input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W   | LAST SCHOOL GRADE COMPLETED   | MOST RECENTLY MOVED TO MINNESOTA<br>Date (mm/dd/yyyy): _____ From: _____                                  |   |  |
| CITIZENSHIP<br><input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen                           |   |   |   |  |
| IMMIGRATION STATUS (only if applying for help)   | U.S. Military Service (regardless of discharge status)?<br><input type="radio"/> Yes <input type="radio"/> No |   |   |  |
| WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP<br><input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None |   | ETHNICITY (optional)<br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No                      | RACE** (optional)<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |
| <b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>  |   |   |   |  |
| Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No  |   | RELATIONSHIP VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached               |   | IMMIGRATION VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached |
| Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No   |   |   |   |  |

| PERSON 13  |   |   |   |  |
|--|---|---|---|--|
| LEGAL NAME - LAST  | FIRST NAME  | MIDDLE NAME   | OTHER NAMES (maiden name, nickname, etc.)   |  |
| SOCIAL SECURITY NUMBER (only if applying for help)   | DATE OF BIRTH   | GENDER <input type="radio"/> Prefer Not to Say<br><input type="radio"/> Male <input type="radio"/> Female | RELATIONSHIP TO YOU   |  |
| MARITAL STATUS*<br><input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W   | LAST SCHOOL GRADE COMPLETED   | MOST RECENTLY MOVED TO MINNESOTA<br>Date (mm/dd/yyyy): _____ From: _____                                  |   |  |
| CITIZENSHIP<br><input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen                           |   |   |   |  |
| IMMIGRATION STATUS (only if applying for help)   | U.S. Military Service (regardless of discharge status)?<br><input type="radio"/> Yes <input type="radio"/> No |   |   |  |
| WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP<br><input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None |   | ETHNICITY (optional)<br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No                      | RACE** (optional)<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |
| <b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>  |   |   |   |  |
| Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No  |   | RELATIONSHIP VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached               |   | IMMIGRATION VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached |
| Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No   |   |   |   |  |

| PERSON 14  |   |   |   |  |
|--|---|---|---|--|
| LEGAL NAME - LAST  | FIRST NAME  | MIDDLE NAME   | OTHER NAMES (maiden name, nickname, etc.)   |  |
| SOCIAL SECURITY NUMBER (only if applying for help)   | DATE OF BIRTH   | GENDER <input type="radio"/> Prefer Not to Say<br><input type="radio"/> Male <input type="radio"/> Female | RELATIONSHIP TO YOU   |  |
| MARITAL STATUS*<br><input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W   | LAST SCHOOL GRADE COMPLETED   | MOST RECENTLY MOVED TO MINNESOTA<br>Date (mm/dd/yyyy): _____ From: _____                                  |   |  |
| CITIZENSHIP<br><input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen                           |   |   |   |  |
| IMMIGRATION STATUS (only if applying for help)   | U.S. Military Service (regardless of discharge status)?<br><input type="radio"/> Yes <input type="radio"/> No |   |   |  |
| WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP<br><input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None |   | ETHNICITY (optional)<br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No                      | RACE** (optional)<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |
| <b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>  |   |   |   |  |
| Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No  |   | RELATIONSHIP VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached               |   | IMMIGRATION VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached |
| Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No   |   |   |   |  |

| PERSON 15  |   |   |   |  |
|--|---|---|---|--|
| LEGAL NAME - LAST  | FIRST NAME  | MIDDLE NAME   | OTHER NAMES (maiden name, nickname, etc.)   |  |
| SOCIAL SECURITY NUMBER (only if applying for help)   | DATE OF BIRTH   | GENDER <input type="radio"/> Prefer Not to Say<br><input type="radio"/> Male <input type="radio"/> Female | RELATIONSHIP TO YOU   |  |
| MARITAL STATUS*<br><input type="radio"/> N <input type="radio"/> M <input type="radio"/> S <input type="radio"/> L <input type="radio"/> D <input type="radio"/> W   | LAST SCHOOL GRADE COMPLETED   | MOST RECENTLY MOVED TO MINNESOTA<br>Date (mm/dd/yyyy): _____ From: _____                                  |   |  |
| CITIZENSHIP<br><input type="radio"/> U.S. Citizen or U.S. National <input type="radio"/> Naturalized U.S. Citizen or Derived U.S. Citizen <input type="radio"/> Not a U.S. Citizen                           |   |   |   |  |
| IMMIGRATION STATUS (only if applying for help)   | U.S. Military Service (regardless of discharge status)?<br><input type="radio"/> Yes <input type="radio"/> No |   |   |  |
| WHAT PROGRAM(S) IS THIS PERSON APPLYING FOR? CCAP<br><input type="checkbox"/> SNAP (food) <input type="checkbox"/> Cash programs <input type="checkbox"/> Emergency Assistance <input type="checkbox"/> None |   | ETHNICITY (optional)<br>Hispanic? <input type="radio"/> Yes <input type="radio"/> No                      | RACE** (optional)<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> W |  |
| <b>AGENCY USE: MEMB, MEMI, TYPE, PROG, IMIG, SPON</b>  |   |   |   |  |
| Intends to reside in MN? <input type="radio"/> Yes <input type="radio"/> No  |   | RELATIONSHIP VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached               |   | IMMIGRATION VERIFICATION<br><input type="radio"/> requested <input type="radio"/> attached |
| Does person have sponsor? <input type="radio"/> Yes <input type="radio"/> No   |   |   |   |  |