

Household Members

Full Name:					Birthdate:		
Address:					Phone:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Status:	<input type="checkbox"/> Head of Household	<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeless
Household Role:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Child	<input type="checkbox"/> Grand Parent	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Other	
Ethnicity:	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Non-Hispanic				
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American	<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> White			
	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Black / African American & White	<input type="checkbox"/> American Indian / Alaskan Native & White	<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> Other or Multi-Racial		

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