

LN	<b>SECTION 7 – RACE/ETHNICITY</b> – Providing this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for requesting this information is to ensure that program benefits are distributed without regard to race, color, or national origin.							CLIENT IDENTIFICATION NUMBER	ENTER APPROPRIATE CODES									
	<div><div>H</div><div>I</div><div>A</div><div>B</div><div>P</div><div>W</div><div>U</div></div> <div>HISPANIC OR LATINO NATIVE AMERICAN OR ALASKAN NATIVE ASIAN BLACK OR AFRICAN AMERICAN NATIVE HAWAIIAN OR PACIFIC ISLANDER WHITE UNKNOWN (MA ONLY)</div>								REL	SSN	SFUI	MS	SI	LA	EM	CI	EL	
	↓	ENTER Y (YES) OR N (NO) FOR HISPANIC OR LATINO																
		ENTER Y (YES) OR N (NO) FOR EACH RACE																
	H	I	A	B	P	W	U											
01																		
02																		
03																		
04																		
05																		
06																		
07																		
08																		
ANTICIPATED FUTURE ACTION				CASE TYPE	RELATED CASE NUMBERS			CONSIDER				REQUESTED	DOCUMENTATION		IN FILE			
LINE NO.	CODE	DATE							✓ Relationship ✓ Filing Unit ✓ Legally Responsible Relative ✓ Single Economic Unit ✓ SNAP Household Composition ✓ SNAP Aged/Disabled Individual ✓ Photo ID ✓ AFIS (PA Only) ✓ CBIC/PIN ✓ RFI/OCA ✓ Health Insurance		Photo ID							
											Birth Verification							
											Marriage License							
SERVICE ELIGIBILITY PROCESS CODE								Social Security Card										
SFUI	CODE	SFUI	CODE					Code 9 Resolution										
SFUI	CODE	SFUI	CODE					Immigration Status										
NEEDED		REFERRALS			COMPLETED			Multi-Suffix/Co-op Case Notice (Single Economic Unit Questionnaire)										
		Legal																
		Services																
		SSA																
		NYSoH																
		Chronic Care/SSI-Related																
		MA-Only																
		Medicare Savings Program																