

Household Members Form

Program Entry Date: _____

Name: _____ Birth date: _____

Social Security Number: ()-()-() SSN Data Quality: [] Full SSN Reported [] Partial SSN Reported [] Don't Know or Don't Have SSN [] Refused

Gender: [] Female [] Male [] Transgender [] Unknown

Primary Race:

[] American Indian or Alaskan Native [] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander [] Other [] Other Multi-Racial [] White

Secondary Race:

[] American Indian or Alaskan Native [] Asian [] Black or African American [] Native Hawaiian or Other Pacific Islander [] Other [] Other Multi-Racial [] White

Ethnicity: [] Hispanic/Latino [] Other (Non Hispanic/Latino)

Head of Household: [] Yes [] No

(The client applying for services is usually entered as Head of Household)

Relationship to Head of Household:

[] Daughter [] Husband [] Son [] Self
[] Father [] Husband and Father [] Step-daughter Note: Self is typically used
[] Granddaughter [] Mother [] Step-son for the person who is applying
[] Grandfather [] Other non-relative [] Unknown for services. This person is
[] Grandmother [] Other relative [] Wife also usually entered as
[] Grandson [] Significant other [] Wife and Mother Head of Household.

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