



KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE
Application for Services

Head of Household Name: _____

Household Members (Complete for everyone who lives with you. Please use additional sheets as needed.)

Note: Assistance cannot be extended to any applicant who does not provide Social Security Numbers, and verification of, for everyone in applicant's household.

First Name		Middle Name or Initial		Last Name	
Gender		Date of Birth		Social Security Number	
Relationship to head of household:		<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Grandchild
		<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Adult Child	<input type="checkbox"/> Other Relation
				<input type="checkbox"/> Not Related	<input type="checkbox"/> Other
Race:		<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Other
		<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
Veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Citizenship Status:	
Active Military?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> U.S. Born/Naturalized	
Hispanic/Latino?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Eligible Legal Resident	
				<input type="checkbox"/> Non-Eligible Legal Resident	
				<input type="checkbox"/> Undocumented Resident	
Work Status, age 18 and older:		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Migratory Worker
		<input type="checkbox"/> Unemployed less than 6 months	<input type="checkbox"/> Unemployed over 6 months	<input type="checkbox"/> Not in Labor Force	
Education, age 14 and older:		<input type="checkbox"/> 0-8 th Grade	<input type="checkbox"/> High School Grad/GED	<input type="checkbox"/> 2 or 4 Yr. College Grad	
		<input type="checkbox"/> 9-12 th (Non-Grad/No GED)	<input type="checkbox"/> 12+ Some College	<input type="checkbox"/> Graduate of Other Post Grad. School	
If age 14-24, are they in school?		Do they have a Disability?		Do they have a Chronic Illness?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have Medical Insurance?		If yes, what are their health insurance sources? (Check all that apply)			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Medicaid	<input type="checkbox"/> Direct-Purchase	<input type="checkbox"/> State Children's Health Insurance Program	
		<input type="checkbox"/> Medicare	<input type="checkbox"/> Military Health Care	<input type="checkbox"/> State Health Insurance for Adults	<input type="checkbox"/> Employment Based

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