

ADDITIONAL HOUSEHOLD MEMBERS

Please complete for every person living in the same Household (family and friends).

Household Member Name (as it appears on photo id)

First *Middle* *Last*

Date of Birth: _____ Age: _____ Social Security Number: _____

Employed Status: _____ Head of Household? Yes No

Employed

Retired

Unemployed

Unemployed and registered with TWC (need to provide proof)

If unemployed, is this due to lack of transportation? Yes No

Relationship _____ Primary Language _____ Marital Status _____ Gender? _____ Veteran? _____ Homeless? _____ Disabled? _____

Hispanic? (check one) Yes No

Race: (check only one)

White

African American

American Indian/Alaskan Native

Asian

Hawaiian/Pacific Islander

African American & White

American Indian/Alaskan Native & White

Asian & White

African American & American Indian/Alaskan Native

Multi-Racial or Other

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