

**APPLICATION FOR SOCIAL SERVICES**

**TO THE APPLICANT:** Please complete Section 1 - 7 on this form. This form is subject to verification.

**NOTE:** Retain your copy of this application. If you have not received a response within 30 days notify the county representative at the telephone number provided below in the "FOR AGENCY USE ONLY" Section.

\* **SOCIAL SECURITY NUMBER:** It is mandatory that you provide your Social Security Number(s) as required in 42 USC 405 and MPP 30-769.71. This information will be used in eligibility determination and coordinating information with other public agencies.

			CASE NUMBER:	DATE OF APPLICATION:
1. NAME			*SOCIAL SECURITY NUMBER	
ADDRESS			SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	
CITY	ZIP CODE	TELEPHONE (    )		BIRTHDATE

2. Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A SPOUSE/CHILD OF A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES", GIVE VETERAN NAME AND CLAIM NUMBER:
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3. Do you receive SSI/SSP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES", CHECK YOUR TYPE OF LIVING ARRANGEMENT: <input type="checkbox"/> Independent Living <input type="checkbox"/> Board and Care <input type="checkbox"/> Home of Another
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SERVICES BEING REQUESTED:

4. Have you received In-Home Supportive Services (IHSS) in the past?     Yes     No

If "YES", complete the following:

DATE AND PLACE OF SERVICE LAST RECEIVED	NUMBER OF HOURS	NAME USED (IF DIFFERENT FROM ABOVE)
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5. LIST FAMILY MEMBERS IN HOUSEHOLD	BIRTHDATE	*SOCIAL SECURITY NUMBER
NAME OF SPOUSE <input type="checkbox"/> NAME OF PARENT <input type="checkbox"/>		
CHILD/OTHER RELATIVE		
CHILD/OTHER RELATIVE		

6. The law requires that information on ethnic origin and primary language be collected. If you do not complete this section, social service staff will make a determination. The information will not affect your eligibility for service.

A. My ethnic origin is (see reverse side for correct code): <input type="checkbox"/>	B. I speak and understand English: My primary language is (see reverse side for correct code:): <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. I affirm that the above information is true to the best of my knowledge and belief. I agree to cooperate fully if verification of the above statements is required in the future.

SIGNATURE OF APPLICANT:	DATE:	SIGNATURE OF APPLICANT'S REPRESENTATIVE:	DATE:
REPRESENTATIVE'S ADDRESS	REPRESENTATIVE'S TELEPHONE NUMBER: (    )	RELATIONSHIP TO APPLICANT;	

**FOR AGENCY USE ONLY**

INCOME ELIGIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No	STATUS ELIGIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No	VERIFICATION:	SIGNATURE OF SOCIAL WORKER OR AGENCY REPRESENTATIVE: ▶	TELEPHONE NUMBER: (    )
RECIPIENT STATUS: <input type="checkbox"/> Refugee <input type="checkbox"/> Cuban/Haitian Entrant		SOURCE OF VERIFICATION FOR REFUGEE OR ENTRANT STATUS (EXPLAIN)		

**RECERTIFICATION OF ELIGIBILITY FOR SERVICES OF STATUS ELIGIBLES**

DATE	SOURCE OF VERIFICATION	WORKER SIGNATURE	DATE	SOURCE OF VERIFICATION	WORKER SIGNATURE

**A. Ethnic Codes:**

1. White
2. Hispanic
3. Black
4. Other Asian or Pacific Islander
5. American Indian or Alaskan Native
7. Filipino
- C. Chinese
- H. Cambodian
- J. Japanese
- K. Korean
- M. Samoan
- N. Asian Indian
- P. Hawaiian
- R. Guamanian
- T. Laotian
- V. Vietnamese

**B. Language Codes:**

- |  |               |
|--|---------------|
| O. American Sign Language (AMISLAN or ASL) | G. Mien       |
| 1. Spanish - NOA will be issued in Spanish | H. Hmong      |
| 2. Cantonese                               | I. Lao        |
| 3. Japanese                                | J. Turkish    |
| 4. Korean                                  | K. Hebrew     |
| 5. Tagalog                                 | L. French     |
| 6. Other non-English                       | M. Polish     |
| 7. English                                 | N. Russian    |
| 9. Spanish - NOA will be issued in English | P. Portuguese |
| A. Other Sign Language                     | Q. Italian    |
| B. Mandarin                                | R. Arabic     |
| C. Other Chinese Languages                 | S. Samoan     |
| D. Cambodian                               | T. Thai       |
| E. Armenian                                | U. Farsi      |
| F. Ilacano                                 | V. Vietnamese |