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South Antelope Valley Emergency Services

Participant Application
(All information **must** be filled in completely)

Date_____Referred by: _____

Primary Applicant: _____ Date of birth:_____/_____/_____

Social Security #: XXX-XX-_____ Drivers license/ID #:_____

Address: _____

City: _____ State: _____ Zip: _____

Telephone:_____ Alt. telephone: _____

Disability? ☐ Yes ☐ No

Military Service? ☐ Yes ☐ No   If yes, what branch of service:_____

2nd Adult: _____ Date of birth:_____/_____/_____

Social Security #: XXX-XX-_____ Drivers license/ID #:_____

Disability? ☐ Yes ☐ No   **Military service**? ☐ Yes ☐ No If yes, what branch of service:_____

3rd Adult: _____ Date of birth:_____/_____/_____

Social Security #: XXX-XX-_____ Drivers license/ID #:_____

Disability? ☐ Yes ☐ No   **Military service**? ☐ Yes ☐ No If yes, what branch of service:_____

4th Adult: _____ Date of birth:_____/_____/_____

Social Security #: XXX-XX-_____ Drivers license/ID #:_____

Disability? ☐ Yes ☐ No   **Military service**? ☐ Yes ☐ No If yes, what branch of service:_____

Child's Name	Date of Birth (MM/DD/YYYY)	Gender	Disability?
1.		☐M ☐F	☐ Yes ☐ No
2.		☐M ☐F	☐ Yes ☐ No
3.		☐M ☐F	☐ Yes ☐ No
4.		☐M ☐F	☐ Yes ☐ No
5.		☐M ☐F	☐ Yes ☐ No
6.		☐M ☐F	☐ Yes ☐ No
7.		☐M ☐F	☐ Yes ☐ No

— OVER —
Applicant Must Complete Both Sides of Application

Sources of Income: Please fill in the monthly amount of income received in each category below.

Example: $135.00 SSI + $ 811.00 Disability = **$946.00 Total**

$_____ GR $_____ CalWorks $_____ Social Security

$_____ Disability $_____ Alimony $_____ Employment

$_____ SSI $_____ Pension $_____ Unemployment

$_____ SSA $_____ TANF $_____ Child Support

$_____ No Income $_____ KinGap $_____ Foster Care

$_____ CalFresh $_____ Other (_____)

Add ALL income for Total Monthly Household Income: $

Are you of Hispanic/Latino origin? ☐ Yes ☐ No

Race/Ethnicity *(Information used for funding reports only)*

☐ White ☐ American Indian/Alaska Native & White

☐ Black/African American ☐ Asian & White

☐ Asian ☐ Black/African American & White

☐ American Indian/Alaska Native ☐ American Indian/Alaska Native & Black/African American

☐ Native Hawaiian/Other Pacific Islander

Other Multi-Racial *(Information used for funding reports only)*

☐ Mexican/Chicano ☐ Cuban

☐ Puerto Rican ☐ Other _____

Highest Level of Education *(Information used for funding reports only)*

☐ Never finished High School ☐ Associates Degree

☐ High School graduate ☐ Bachelors Degree

☐ GED ☐ Graduate School and/or higher

☐ Some college

CLIENT'S SIGNATURE: _____ **DATE:** _____

STAFF NOTES: *STAFF-please check one* ☐ EL ☐ VL ☐ L

_____

_____

Staff signature: _____ Date: _____