

**NEXT STEP
APPLICATION**

RECEIVED ON:	
<input type="checkbox"/> APPROVED	DATE:
<input type="checkbox"/> DENIED	REASON:

PARTICIPANT INFORMATION:

FIRST NAME:		LAST NAME:		BIRTH DATE: MONTH: DAY: YEAR:	
<small>(BIRTH CERTIFICATE MAY BE REQUIRED)</small>					
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	RACE:			HISPANIC:
		<input type="checkbox"/> AFRICAN AMERICAN	<input type="checkbox"/> ASIAN	<input type="checkbox"/> CAUCASIAN	<input type="checkbox"/> MULTI-RACIAL
		<input type="checkbox"/> NATIVE AMERICAN			<input type="checkbox"/> YES
				<input type="checkbox"/> NO	
SCHOOL		GRADE	MEMBER LIVES WITH:		
			<input type="checkbox"/> MOTHER ONLY	<input type="checkbox"/> FATHER ONLY	<input type="checkbox"/> BOTH PARENTS
			<input type="checkbox"/> GRAND PARENT(S)	<input type="checkbox"/> OTHER	

ASSISTANCE PROGRAMS: **STUDENT CONTACT INFORMATION:**

<input type="checkbox"/> TANF <input type="checkbox"/> FREE LUNCH <input type="checkbox"/> REDUCED LUNCH	HOME ADDRESS:				
	CITY:		STATE:	ZIP:	
	HOME PHONE #:		EMAIL ADDRESS:		

MEDICAL INFORMATION (ANY ALLERGIES OR PROBLEMS WE SHOULD BE AWARE OF?)

EMERGENCY CONTACT INFORMATION

FIRST NAME:	LAST NAME:		RELATIONSHIP:		
			<input type="checkbox"/> PARENT	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> FRIEND
CONTACT PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> PRIMARY EMERGENCY CONTACT	<input type="checkbox"/> LIVES WITH MEMBER
FIRST NAME:	LAST NAME:		RELATIONSHIP:		
			<input type="checkbox"/> PARENT	<input type="checkbox"/> RELATIVE	<input type="checkbox"/> FRIEND
CONTACT PHONE #	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL	<input type="checkbox"/> PRIMARY EMERGENCY CONTACT	<input type="checkbox"/> LIVES WITH MEMBER

MOTHER / GUARDIAN

FIRST NAME:	LAST NAME:		<input type="checkbox"/> MOTHER	<input type="checkbox"/> GUARDIAN
HOME ADDRESS IF DIFFERENT:		HOME CITY:	HOME STATE:	HOME ZIP:
CONTACT PHONE #:	ALT. PHONE #:		EMAIL ADDRESS:	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK <input type="checkbox"/> CELL	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK
EMPLOYER:	OCCUPATION:			

FATHER / GUARDIAN

FIRST NAME:	LAST NAME:		<input type="checkbox"/> FATHER	<input type="checkbox"/> GUARDIAN
HOME ADDRESS IF DIFFERENT:		HOME CITY:	HOME STATE:	HOME ZIP:
CONTACT PHONE #:	ALT. PHONE #:		EMAIL ADDRESS:	
<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK <input type="checkbox"/> CELL	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK
EMPLOYER:	OCCUPATION:			

ANNUAL HOUSEHOLD INCOME (CHECK ONE): **FAMILY SIZE:**

<input type="checkbox"/> 0-\$10,000	<input type="checkbox"/> \$10,001-15,000	<input type="checkbox"/> \$15,001-25,000	<input type="checkbox"/> \$25,001-35,000	<input type="checkbox"/> \$35,001-50,000	<input type="checkbox"/> \$50,001-UP	
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