The following information is being collected to help us set up a new system to better manage our records and will allow us to more quickly and easily serve you on future visits. Thank you for your help.

Head of Household

Last Name: _____

First Name: _____

Middle Name (Or initial):_____

Street Address: _____

Apt #, Lot #, etc…: _____

Zip Code: _____

City: _____State:_____

County: _____

Phone Number: _____ Cell Phone:_____

Date of Birth (mm/dd/yyyy): __ __ / __ __ / __ __ __ __

Gender (Circle One): Female Male

Household Details:

of Seniors (60+): _____ # of Adults (18-59):_____ # of Children (0-17): _____

Other Family/Household Members

First Name	Middle Name	Last name	Date of Birth (Month/Day/Year)	Age	Gender (M/F)
			__ __ / __ __ / __ __ __ __		F M
			__ __ / __ __ / __ __ __ __		F M
			__ __ / __ __ / __ __ __ __		F M
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