

**AREA 937
FAMILY REGISTRATION FORM**

DATE OF INTAKE _____

Check *ONE*:

INTERVIEWER _____

_____ Household with Minor Children
 _____ Household with Adults Only

FIRST TIME VISIT? Circle one—YES or NO

(Please print)

YOUR NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE NO: _____

ALL PEOPLE 18 YEARS AND OLDER LIVING IN YOUR HOUSEHOLD:
(Adults need to produce all documentation to be added to the family)

FIRST NAME	LAST NAME	D.O.B.	RELATIONSHIP
_____	_____	_____	Self
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN IN YOUR HOUSEHOLD:

FIRST NAME	LAST NAME	D.O.B.	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Office Use Only		
INCOME	ST. ID(✓)	Last 4 SS #
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
INCOME	ID SHOWN	
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

TOTAL NO. OF SENIORS—AGE 60 +: _____

TOTAL NO. OF ADULTS —AGE 18—59: _____

TOTAL NO. OF CHILDREN—BIRTH TO 17: _____

TOTAL PEOPLE IN HOUSEHOLD _____

DO YOU ATTEND CHURCH REGULARLY? _____ YES _____ NO

IF SO, WHERE? _____

WOULD YOU LIKE SOMEONE FROM A LOCAL CHURCH TO CONTACT YOU? _____ YES _____ NO