



First Name	
Middle Name	
Last Name	
SSN To Be Completed with HPOG Staff	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth To Be Completed with HPOG Staff	Where did you hear about us?
Address, City, State, Zip	
Email May we contact you through email message? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone May we contact you through text? Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency Contacts:

First Name	Last Name:	Relationship:
Address, City, State, Zip		
Phone Number	Email	

First Name	Last Name:	Relationship:
Address, City, State, Zip		
Phone Number	Email	

First Name	Last Name:	Relationship:
Address, City, State, Zip		
Phone Number	Email	

Definition of family and Information

Two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories:

- A. A husband, wife, and dependent children
- B. A parent or guardian and dependent children
- C. A husband and wife

Complete the section below about all the people who live in your home. Begin with your information, and then list the people who live with you and the relationship to you. List each person's age and approximate monthly gross income.

Total members are in your household?				
Name	Relationship	Date of Birth <i>Leave Blank For HPOG Staff</i>	Received income in the last 6 months? (Yes/No)	Approx. Monthly Gross Income
	Self			\$
				\$
				\$
				\$
				\$
				\$

I, _____, attest that the information provided on these forms and supporting documents is accurate, current, and honest. I further understand and agree to all expectations of truthfulness and candidness related to the information I have provided and may provide in the future. I further recognize that that my failure to comply with grant policies (which may exceed program requirements) or to fully disclose accurate, current, and honest information throughout the project could result in exclusion from participation or even criminal penalties. Lastly, I understand that my information may be shared with partner colleges, Administration Children and Families, and other grant related entities/parties to track the program's success. I consent to this sharing of my information only as it relates to the project.

Signature: _____

Date: _____