



HAR #

FACS #

Date:

Application Type:

Initial confirmation:

Final Confirmation:

HIP /HHW Social Summary

Name:

Apply:

SS #:

DOB:

Sex:

M

F

Phone:

US CITIZEN:

Y

N

Address:

Ethnicity:

Marital Status:

Tax Filing Status: Single

Married/Jointly

Head of Household

Married/Separately

Nonfiler

Dependents:

If non filer, are you claimed as a dependent? Y N

If so, by whom:

Where do they live:

Household Size:

(Please include SS# for any adults applying)

Name

DOB

SSN

Relationship

Dependent Apply

Pt Income: \$

Add'l Income:\$

Pt Employer/Type:

Add'l Source:

Combined Household Income: \$

Monthly

Annually

Disabilities:

Employment 20+:

Pregnant:

Pregnant: (Est. Due Date)

FT student:

Incarcerated:

Other Insurance:

HPE:

Former Foster Child:

Immigration Status:

Language:

Origin Country/Date:

Fast Track:

Managed Care:

PAC AMNT:\$

Additional information: