| SDC Application |
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| *Please complete the following information to determine eligibility for SDC Program(s).****Please print using blue or black ink*** |
| head of Household Information |
| Application Date: | Agency Location:  | Center: |
| First Name: | Middle Name: | Last Name:  |
| Date of Birth: | Gender: |
| **HEAD OF HOUSEHOLD CONTACT INFORMATION** |
| Address:  |
| City: | State: | ZIP Code: |
| Housing Type *(Please check one):*[ ] Own [ ] Rent [ ] Temporary Quarters [ ] Homeless [ ] Other Permanent Housing [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Monthly payment $\_\_\_\_\_\_\_\_ | How long have you been living at your address? \_\_\_\_\_\_month(s) \_\_\_\_\_\_\_yrs. |
| E-mail Address:  |
| Primary Phone Number:  | Secondary Phone Number:  |
| HEAD OF HOUSEHOLD Demographic information |
| **What is your Marital Status***(Please select one)***:** [ ] Divorced [ ] Domestic Partner [ ] Married [ ] Separated [ ] Single [ ] Widowed |
| **What is your Work Status** *(Please select one):*(Individuals 18+)\*☐Employed Full-Time ☐Unemployed (Long-term, more than 6 months)☐Employed Part-Time ☐Unemployed (Not in Labor Force)☐Migrant Seasonal Farm Worker ☐Unemployed (Short-term, 6 months or less)☐Retired |
| **Are you between the age of 14-24 and Not Working or in School?** ☐ Yes ☐No |
| **Do you have Health Insurance\*:** ☐ Yes ☐No **If yes, please identify what type of Health Insurance:** ☐ None ☐ Badger Care for Children Program ☐ Direct Purchase ☐ Medicare ☐ Badger Care for Adults ☐ Employment Based ☐ Medicaid ☐ Military Health Care  |
| **Military Status\*** ☐ No Affiliation ☐ Active in Military ☐ Veteran  |
| **What is your Primary Language(s)\*** ☐ English ☐ Spanish ☐Hmong ☐ Other:  |
| **Do you need special accommodations in order to receive services at SDC?**☐ Yes ☐No If Yes. Please let us know what accommodation you need:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Do you need an interpreter\*?** ☐ Yes ☐No. If Yes, What Language: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **If you are a single parent, would you like information about Child Support Services\*?** [ ]  Yes [ ] No |
| **Household Size\*:** ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six or More |
| **Please Select your Family Type\***[ ] Single Person [ ] Two Adults - No children [ ] Single Parent Female [ ] Single Parent Male [ ] Two Parent Household [ ] Non-related Adults with Children[ ] Multigenerational Household [ ] Other  |
| **DEMOGRAPHICS INFORMATION***Please list all family members living/residing on the address listed above.* |
| **Education Level\* (Write the letter under the Education category for each family member)*****A****. 0-8 grade (vocational)* ***B.*** *9-12/Non Graduate* ***C.*** *High School Graduate/Equivalency Diploma* ***D.*** *12+Some Post-Secondary* ***E.*** *2-4 Year College Graduate* ***F.*** *Graduate of other post-secondary school***Race\*\* (Write the letter under the Race category for each family member)*****A.*** *American Indian or Alaskan Native* ***B.*** *Asian* ***C.*** *Black or African American* ***D.*** *Native Hawaiian/Other Pacific Islander* ***E.*** *White* ***F.*** *Other* ***G.*** *Multi-Race (any two or more above)*   |
| **All Household Members** | **Relationship** | **Birth Date** | **Gender**Female/ Male | **Disabled**Yes or No | **Education Level\*** | **Hispanic/ Latino** | **Race\*\*** |
|  | **Applicant** |  |  |  |  |  |  |
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| **\*This number should match the household size question above this sheet.** |
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| **HOUSEHOLD INCOME INFORMATION** |

**Instructions:** Complete the bottom boxes for anyone in the household with **income only.** Refer to the list of income sources below. It will help you write the letter that identifies the income source for the category named,**Source of Income.**Write**one** or **all the letters** that apply to the house member’s income source**.** In other words, please include **anyone** who earns income in your home and all their income. 1. Alimony or Other Spousal Support
2. Employer
3. Child Support
4. Pension
5. Private Disability Insurance
6. Retirement Income from Social Security
7. Self-Employment
8. Social Security Disability Income (SSDI
9. Supplemental Security Income (SSI)
10. Unemployment
11. Unemployment Insurance
12. VA Non-Service Connected Disability
13. VA Service-Connected Disability Compensation
14. Wisconsin Works/W-2/TANF
15. Worker’s Compensation
16. Other
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| **HOUSEHOLD MEMBER** | **SOURCE OF INCOME** List letter(s) from above next to the person who makes income. | **EMPLOYER** **NAME AND ADDRESS** | **GROSS MONTHLY INCOME** |
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| **BENEFITS** |
| ***Check if you receive any of the following:*** ☐Food Share (SNAP) ☐Energy Assistance-LIHEAP ☐Housing Choice Voucher ☐Public Housing☐Permanent Supportive Housing ☐HUD-VASH ☐Childcare Voucher ☐EITC- Tax Credit ☐Affordable Care Act Subsidy ☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| CERTIFICATION STATEMENT: |
| By signing below you are certifying that the information provided herein is true and complete. I authorize SDC to review this information and to request and receive information to verify eligibility. |
| Applicant Signature: | Date: |
| ***Child Support Information Acknowledgement****I certify that I have received information about Child Support and Contact Information for the Milwaukee County Child Support Services.* |
| Applicant Signature:  | Date: |
| ***Are you interested in any of the following?*** |
| [ ] Small Business Start-Up[ ] Home buying Readiness[ ] Foreclosure Prevention [ ] Credit Repair[ ] Opening a Checking/ Savings Account | [ ] Retirement Readiness[ ] Employment [ ] Substance Abuse Counseling[ ] Mental Health Counseling[ ] Other Services not listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SDC Use Only**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SDC Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If any information, referral, or services were provided. Please describe the outcome below: |