

<p align="center">RACE / ETHNICITY</p> <p> <input type="checkbox"/> White/non-Hispanic <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Black/non-Hispanic <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Native American <input type="checkbox"/> Asian, Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic/Puerto Rican <input type="checkbox"/> Hispanic/Mexican <input type="checkbox"/> Other Race <input type="checkbox"/> Hispanic/Cuban </p>	<p align="center">DEPENDENTS</p> <p>Total number of dependents supported by your income</p> <p> 0-5 years _____ 6-17 years _____ 18-64 years _____ 64+ years _____ (Including yourself) </p>
<p align="center">MARITAL STATUS</p> <p> <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Living as married <input type="checkbox"/> Widowed </p>	<p align="center">HEALTH INSURANCE</p> <p> <input type="checkbox"/> Oregon Health Plan <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Other Public <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> VA </p>
<p align="center">LIVING ARRANGEMENT</p> <p> <input type="checkbox"/> Lives in own home <input type="checkbox"/> Spouse or significant other's home <input type="checkbox"/> Parents, relatives, adult children's home <input type="checkbox"/> Foster home <input type="checkbox"/> Institution / Group home <input type="checkbox"/> Friends or other's home <input type="checkbox"/> Homeless / shelter <input type="checkbox"/> Refused, unknown </p>	<p align="center">EMPLOYABILITY FACTOR</p> <p> <input type="checkbox"/> Employable / working <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Unable for physical or psychological reasons <input type="checkbox"/> Incarcerated <input type="checkbox"/> Seasonal worker <input type="checkbox"/> Temporary Layoff </p>
<p align="center">EMPLOYMENT STATUS</p> <p> <input type="checkbox"/> Full time 35+ hrs <input type="checkbox"/> Part time 17-34 hrs <input type="checkbox"/> Irregular 1-17 hrs <input type="checkbox"/> Not employed but looking <input type="checkbox"/> Not employed and not looking </p>	<p align="center">SOURCE OF INCOME</p> <p> <input type="checkbox"/> Wages, salary <input type="checkbox"/> None <input type="checkbox"/> Social Security <input type="checkbox"/> Other _____ <input type="checkbox"/> OSIP State <input type="checkbox"/> Public Asst. / Welfare <input type="checkbox"/> Dividends / Interest <input type="checkbox"/> Pension / Unemp. / Vets <input type="checkbox"/> Alimony / Child support </p>

LAST GRADE YOU COMPLETED IN SCHOOL: _____

ARREST RECORD:

Total number of arrests in past 24 months _____ 5 years _____

Please list any present or prior arrests:

DATE	CHARGE	CITY/STATE	SENTENCE/DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____