		Household Language:										
Last name:						First:						
Street & Apt.#												
City:						State:		Zip:				
Phone:		1			<u> </u>	_						
Total in housel	hold:	Adults '	18-64		Chile	dren <18]	Eld	erly	65+	
Household memb	pers (list HH first):											
First & La			M/F	Age	DO	В		Re	latio	nshi	in to	н
1.		•••,	7.90	_	/ /			Relationship to H				
_											_	
						_//						
4.					_ —	_//						
5.						_//						
6					_ —	_//						
7						_//						
8					_	_ //						
Participates in TEF Do you receive SN	FAP?YesI IAP benefits:Ye i, note if TEFAP wa	No esNo			u like int	formation a	bout S	NAP? _				
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Participates in TEF Do you receive SN	FAP?YesI	No esNo			u like inf	I		NAP?				

Client Reg	gistration	for							
Head of Household (H	H):	Household Language:							
Last name:			First:						
Apt.#	Floor #								
Phone:									
Total in household:	Adults	18-64	Children <18	Elderly 65+					
Household members (First & Last Na	ame	M/F Age	DOB	Relationship to HH					
0			//						
3									
4			/						
5			//						
6			//						
7			//						
8			/						
Do you receive SNAP be	enefits:								
/	//	//	//	/					
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/	/	//	///	_					
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