HILLSBOROUGH COUNTY
HEALTH AND SOCIAL SERVICES APPLICATION

DATE OF APPLICATION:

PRINT DATE :

HSS CASE #:

SITE:

HSS CASE NAME:

ADDRESS:

PHONE #:

CSE REL	NAME	FUN	SOC SEC #	DATE OF BIRTH	SEX M/F	RACE	ETH	CIT	EDU A-F	VET Y/N	DIS Y/N

Total Grant Inc: **Grant Count:** **Total Annual Net Income:** **Group Count:**

THE FOLLOWING EXPLAINS THE CODES USED ABOVE:

RACE: White, **B**lack/African American, **N**ative American, **A**sian/Pacific Islander, **O**ther **ETH**nicity: **H**ispanic, **N**on-**H**ispanic

EDUcation: **A** 0-8, **B** 9-12 (Non Grad), **C** HS Grad/GED, **D** 12 + , **E** Unknown, **F** College Graduate

Primary Source of Household Income: **Health Insurance?** [ ] Yes [ ] No

Farmworker: A [ ] Farmer **B** [ ] Migrant **C** [ ] Seasonal **Food Stamps?** [ ] Yes[ ] No

Household Status: [ ] Own [ ] Rent [ ] Homeless [ ] Living With Other

GRANTS ONLY: I, the undersigned, do hereby certify that there are _____ persons residing in my household. I further certify that our annual gross income is $_____ and that the information furnished by me for this form is true and correct to the best of my knowledge.

I am aware that I am responsible for cooperating and assisting fully in the determination of my eligibility. In addition, I will return all requested information, allow a Health and Social services worker to visit my place of residence; keep the worker informed of my current address and changes in household composition, report changes in earnings, assets and/or receipt of monites. If I am unable to provide the information my social worker has requested by my appointment date, I understand that I will be required to schedule another appointment to complete the determination of my eligibility. I understand there is a law providing for imprisonment and/or fine for anyone withholding or giving false information or receiving assistance to which he/she is not entitled. This is to certify the information I have given is correct.

Signature of Applicant **Date**

Signature of Co-Applicant **Date**

Witness (if signed with "X") **Date**

Worker's Signature **Date**