

GREATER PALM RIVER POINT, CDC APPLICATION

First Name:	Last Name:
Date of birth:	Social Security Number:
Cell Number:	Phone Number:

Email Address:

Address:	City:	Zip code:
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What race do you identify with? <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> Not Available	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	What ethnicity do you identify with? <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic

Are you employed: <input type="checkbox"/> Yes, Full Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> Working at home (childcare, sewing) <input type="checkbox"/> Not working, but looking for a job <input type="checkbox"/> Not working (homemaker, retired)	What is your annual income (including child support, ect.) <input type="checkbox"/> Less than \$19,486 <input type="checkbox"/> \$19,487 - \$38,972 <input type="checkbox"/> \$38,973 - \$58,459 <input type="checkbox"/> \$58,460 or Above
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Level of Education: High School Diploma GED Technical School Some College College Graduate

Do you speak English: Yes No	Do you speak Spanish: Yes No
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Adult 2

First Name:	Last Name:
Date of birth:	Social Security Number:

What race do you identify with? <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> Not Available	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	What ethnicity do you identify with? <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic

Are you employed: <input type="checkbox"/> Yes, Full Time <input type="checkbox"/> Yes, Part Time <input type="checkbox"/> Working at home (childcare, sewing) <input type="checkbox"/> Not working, but looking for a job <input type="checkbox"/> Not working (homemaker, retired)	What is your annual income (including child support, ect.) <input type="checkbox"/> Less than \$19,486 <input type="checkbox"/> \$19,487 - \$38,972 <input type="checkbox"/> \$38,973 - \$58,459 <input type="checkbox"/> \$58,460 or Above
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Level of Education: High School Diploma GED Technical School Some College College Graduate

Do you speak English: Yes No	Do you speak Spanish: Yes No
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Child Information

Name:	Date of Birth:	School:
Name:	Date of Birth:	School:
Name:	Date of Birth:	School:
Name:	Date of Birth:	School:
Name:	Date of Birth:	School:

POINT Membership and Participation

Is anyone in your family currently enrolled in a POINT program? Yes No	Which Program/s:
Has anyone in your family enrolled in a POINT Program in the past? Yes No	Which Program/s:

Signatures

I certify the information contained in this application is true and complete.

Signature of applicant:	Date:
Signature of applicant:	Date:
Signature of POINT Staff:	Date: