



DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN, NY 13782

PHONE (607) 746-1600 • FAX (607) 746-1605

email: info@delop.org

website: www.delawareopportunities.org

SERVING
DELAWARE COUNTY

HEAD START
DEVELOPMENTAL DISABILITIES

BIG BUDDY
PARENT EDUCATION
DAY CARE

RESOURCE/REFERRAL
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)

HEALTHY FAMILIES

SENIOR DINING

SAFE AGAINST VIOLENCE
(Domestic Violence)
(Rape Crisis)
(Office of Victim Services)

JOBS WORK CREW
WORK IN PROGRESS

EMPLOYMENT AND TRAINING

COMMUNITY FOOD AND NUTRITION

WEATHERIZATION
(Serving both Delaware and
Sullivan Counties)

HOUSING ASSISTANCE AND
COMMUNITY DEVELOPMENT
(Housing Development)
(Homeownership/Tenant Counseling)
(Rental Assistance)
(Housing Rehabilitation)

HEAP

FAMILY DEVELOPMENT

FAMILY RESIDENCES
INDEPENDENT LIVING SKILLS

WIC
(Women, Infants and Children)
(Car Seat Safety)

FOOD BANK SERVICES AND
CLOTHING/HOUSEHOLD GOODS

EMERGENCY FOOD
AND SHELTER

HOMELESS ASSISTANCE

TRANSPORTATION

Please return this Counseling application and all documents to:

Delaware Opportunities Inc.

Housing Office

35430 State Hwy 10

Hamden, NY 13782

607-746-1650

607-746-1648 fax

- Social security cards for all household members
- Verification of income for the past month
- Two most recent bank statements
- Most recent mortgage statement
- Any relevant notices pertaining to your mortgage

"Helping people become self-sufficient and attain a better quality of life." since 1965



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Personal Information Client Intake Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

How did you hear about our housing counseling agency?

- Member of our staff
 Print/radio ad
 Religious or social organization
 Friend/family
 HUD
 Bank or mortgage servicer
 Internet search
 Other (specify) _____

Part One. Your Biographic and Demographic Information

Name 1:

Last Name First Name Middle Initial

Date:

Address:

Address and Apartment No City & State Zip

Home Phone:

Email Address:

- Work Email Personal Email

Cell Phone:

() - _____

Gender:

- Male Female

Preferred Contact Method:

- Cell Phone Work Phone Home Phone Email

Best time to be reached:

Social Security #

Date of Birth:

Race:

- American Indian/Alaskan Native Asian African-American
 Native Hawaiian/Pacific Islander White Biracial or Multiracial
 Other (Specify) _____ Decline to Answer

Ethnicity:

- Hispanic Non-Hispanic

Are you a Veteran?

- Yes No

Are you Disabled?

- Yes No

Marital Status:

- Single Married Divorced Separated Widow

Name 2:

Last Name First Name Middle Initial

Date:

Address:

Address and Apartment No City & State Zip

Home Phone:

Email Address:

- Work Email Personal Email

Cell Phone:

() - _____

Gender:

- Male Female

Relationship to Co-Applicant:

- Spouse Significant Other Relative (specify): _____ Other: _____

Preferred Contact Method:

- Cell Phone Work Phone Home Phone Email

Best time to be reached:

Social Security #

Date of Birth:

Race:

- American Indian/Alaskan Native Asian African-American
 Native Hawaiian/Pacific Islander White Biracial or Multiracial
 Other (Specify) _____ Decline to Answer

Ethnicity:

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My household type is...

- Single Adult
 - Married
 - Cohabiting
 - Single female-headed household with dependents
 - Single male-headed household with dependents
 - Roommates/ unrelated adults
 - Living with non-spousal family members (parents, siblings, etc)
 - Other: (specify) _____
- Family household size: _____ Languages Spoken (specify): _____ / _____ / _____

Part Two. Your Employment Status

Name 1's Employment Status

- Employed Full-time
- Employed Part-Time
- Employed Seasonally
- Unemployed, receiving benefits
- Unemployed, receiving no benefits
- Self-Employed
- Disabled, receiving benefits
- Retired
- Other (specify): _____

Name 1
Employer: _____
Address: _____
Address City & State Zip

Dates
of Employment: _____ to _____
Work Phone: _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates
of Employment: _____ to _____
Work Phone: _____

Name 2's Employment Status

- Employed Full-time
- Employed Part-Time
- Employed Seasonally
- Unemployed, receiving benefits
- Unemployed, receiving no benefits
- Self-employed
- Disabled, receiving benefits
- Retired
- Other (specify): _____

Name 2
Employer: _____
Address: _____
Address City & State Zip

Dates
of Employment: _____ to _____
Work Phone: _____

Previous
Employer: _____
Address: _____
Address City & State Zip

Dates
of Employment: _____ to _____
Work Phone: _____

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Part Three. Your Housing Status and Housing Goals

My current housing status is:

- Renting/leasing Homeowner with mortgage(s) Homeowner (no mortgage debt)
 Homeless Boarder (renting) Living with family (renting/not renting)
 Other: _____ Do you currently receive rental assistance subsidies? Yes No If yes, please specify: _____

My housing goal is to...check all that apply:


- Buy a home (pre-purchase counseling) Prevent foreclosure Obtaining rental housing
 Transition from homelessness Obtain a reverse mortgage Get credit and budget counseling
 Discuss a fair housing rights violation [Other Service Provided by HCA] [Other Service Provided by HCA]

Part Four. Your Rental and Mortgage Information

If you are currently renting, how long have you been renting? Years Months. Check all that apply:

<input type="checkbox"/> I pay market rent	<input type="checkbox"/> I receive a rent subsidy and/or public housing resident	<input type="checkbox"/> I am a Section 8 recipient
<input type="checkbox"/> I am facing eviction	<input type="checkbox"/> I am delinquent with my rent and need assistance	<input type="checkbox"/> I am delinquent with utilities and need assistance
<input type="checkbox"/> I am interested in filing a fair housing claim. Specify reason(s):		

If you own your property, do you have a mortgage? YES NO. If YES, please answer the questions below.

My mortgage data		
	First Mortgage	Second Mortgage
Is this loan Current or Delinquent?	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent
Mortgage servicer name		
Loan Number	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
Loan Balance	\$ <input type="checkbox"/> I don't know	\$ <input type="checkbox"/> I don't know
Interest Rate	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't know
Monthly Principal and Interest Payment (excluding taxes and insurance).		
Private Mortgage Insurance (PMI) payment	\$	\$
Fixed or Adjusting Interest Rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know	<input type="checkbox"/> Fixed <input type="checkbox"/> Adjusting <input type="checkbox"/> I don't know
Date you made your last payment:	/ /	/ /
Past Due Amount:	\$	\$
Have you previously applied for a loan modification or forbearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please provide details on the outcome of your previous foreclosure prevention effort here: 		
Reason for Default:		
<input type="checkbox"/> Divorce <input type="checkbox"/> Disability <input type="checkbox"/> Marital Separation <input type="checkbox"/> Decrease in income <input type="checkbox"/> Increase in expenses <input type="checkbox"/> Medical Hardship <input type="checkbox"/> Other		

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Please provide additional remarks about your hardship here:

Has your hardship ended?

Yes No

Do you have the ability and willingness to resume mortgage payments? Yes No

If "No," you seeking an alternative outcome, such as a deed-in lieu of foreclosure or short sale? Explain.

Questions related to your credit history:

1. Are there any outstanding judgments against you? Yes No

2. Have you declared bankruptcy within the past seven years? Yes No I am currently in a bankruptcy plan.

3. Within the past seven years, have you had a property foreclosed or surrendered through a deed-in-lieu? Yes No

Part Five. Your Income, Debt, and Average Monthly Expenses

Please provide information regarding your income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income Type	Name 1		Name 2	
	Monthly Income		Monthly Income	
	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)	Gross (Before Taxes/Deductions)	Net (After Taxes/Deductions)
1. Salary/wage earnings	\$	\$	\$	\$
2. Rental Income	\$	\$	\$	\$
3. Child support/Alimony	\$	\$	\$	\$
4. Social Security	\$	\$	\$	\$
5. Pension Income	\$	\$	\$	\$
6. Dependent SSI income	\$	\$	\$	\$
7. Disability income	\$	\$	\$	\$
8. Unemployment Income	\$	\$	\$	\$
9. Public assistance income	\$	\$	\$	\$
10. Other:	\$	\$	\$	\$
11. Other:	\$	\$	\$	\$
Total:	\$	\$	\$	\$
Total COMBINED Gross:	\$			
Total COMBINED Net:	\$			

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Average Monthly Debts	Name 1	Name 2
1. Rent	\$	\$
2. Mortgage (Principal and Interest)	\$	\$
3. Property Taxes, HOA, Insurance	\$	\$
4. Car Payment(s)	\$	\$
5. Car Insurance	\$	\$
6. Credit Cards (Total)	\$	\$
7. Childcare/daycare	\$	\$
8. Alimony/Child Support	\$	\$
9. School Tuition	\$	\$
10. Medical Debt:	\$	\$
11. Gas/Transportation	\$	\$
12. Household Utilities (Water, Electric, Gas, Trash, Landline, Cable)	\$	\$
13. Cell Phone(s)	\$	\$
14. Food (groceries + eating out)	\$	\$
15. Student Loan Debt	\$	\$
16. Tithing	\$	\$
17. Other:	\$	\$
Total:	\$	\$
Total COMBINED costs:	\$	\$

Now, refer to your COMBINED net income on the previous page. Subtract your COMBINED costs as added on the right. This represents your monthly cash flow. Complete the calculation below.

Taking my combined monthly net income of \$_____

and subtracting my combined monthly costs of \$_____

equals \$_____.

I/we have POSITIVE or NEGATIVE cash flow.

Total Value, Liquid Assets:		Total Value, Hard Assets:	
1. Stocks/Bonds/CDs:	\$	1. Owner Occupied Property Value:	\$
2. Savings Account:	\$	2. Investment Property value:	\$
3. Checking Accounts:	\$	3. Other:	\$
4. Other:	\$	4. Other:	\$
Total Value:	\$	Total value:	\$

Name 1 Signature: _____ Date: _____

Name 2 Signature: _____ Date: _____

DELAWARE OPPORTUNITIES HOUSING COUNSELING

Program Disclosure Form

(NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations)

About Us and Program Purpose: Delaware Opportunities is a not-for-profit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, rental, and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600 et seq.)

As a housing counseling participant, please affirm your roles and responsibilities along with the following disclosures (your signature at the close of this form will indicate that you agree with these responsibilities).

Client and Counselor Roles and Responsibilities	
Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> * Reviewing your housing goal and your finances which includes your income, debts, assets, and credit history * Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal * Preparing a household budget that will help you manage your debt, expenses, and savings. * Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. * Neither your counselor nor Delaware Opportunities employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> * Completing the steps assigned to you in your Client Action Plan * Providing accurate information about your income, debts, expenses, credit, and employment. * Attending meetings, returning calls, providing requested paperwork in a timely manner * Notifying Delaware Opportunities or your counselor when changing housing goal(s) * Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended * Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p>Termination of Services: Failure to work cooperative with your housing counselor and/or Delaware Opportunities will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p>	

Agency Conduct. No Delaware Opportunities employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create, the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conducting that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships. Delaware Opportunities has financial affiliation with the U.S. Department of Housing and Urban Development, the New York State Housing Finance Agency and the New York State Homes and Community Renewal and professional affiliations with HUD, USDA Rural Development, Delaware County, and banks including the Delaware County National Bank, the Delaware National Bank of Delhi, the Sidney Federal Credit Union, the Community Bank NA, and Federal Loan Banks. As a housing counseling participant, you are not obligated to use the products and services of Delaware Opportunities or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: Delaware Opportunities has a first-time homebuyer program developed in partnership with the above mentioned professional affiliations. However, you are not obligated to participate in this or other Delaware Opportunities programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Authority (FHA) for first time homebuyer loan programs or from the Margaretville-Arkville Revitalization Committee (M-ARK) or Western Catskills Revitalization Committee for other first time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided with a community resource list which outlines services to meet a variety of needs, including utilities assistance, emergency shelter, food banks, etc. Many of these services are provided by Delaware Opportunities including but not limited to rental assistance, home rehabilitation, weatherization, emergency food, Head Start, Medicaid Transportation, WIC, HEAP, Food Stamp Eligibility screening, Day Care, Respite Care, Services Coordination for Developmentally Disabled, Domestic Violence, Rape Crisis, Employment and Training, Family Development, Used Clothing, and Senior Dining.

Errors and Omissions and Disclaimer of Liability: I/we agree that Delaware Opportunities, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in the Delaware Opportunities counseling services, and I hereby release and waive all claims of action against Delaware Opportunities and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Delaware Opportunities may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with Delaware Opportunities grantors such as HUD.

I/we acknowledge that I/we received, reviewed, and agree to Delaware Opportunities Program Disclosures

_____ Name 1 Signature	_____ Date	_____ Counselor's Signature	_____ Date
_____ Name 2 Signature	_____ Date		

Data Release Form & Third Party Authorization

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

You hereby authorize and instruct Delaware Opportunities Inc. (DO) and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by DO. You understand and agree that DO intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize DO to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help DO determine your viable financial options.

- | | | |
|--|--|---|
| <input type="checkbox"/> Lenders | <input type="checkbox"/> Banks | <input type="checkbox"/> Mortgage Servicers |
| <input type="checkbox"/> Debt Collectors | <input type="checkbox"/> Landlords | <input type="checkbox"/> Public Housing Authorities |
| <input type="checkbox"/> Property Management Companies | <input type="checkbox"/> Social Service Agencies | <input type="checkbox"/> Counseling Agencies |

Entities such as mortgage lenders and/or counseling agencies may contact your DO counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your DO counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations of DO, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize DO to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep DO informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

Finally, you understand that you may revoke consent to these disclosures by notifying DO in writing.

_____	____/____/____	_____	_____
Name 1 (Printed)	SSN#	Signature	Date

_____	____/____/____	_____	_____
Name 2 (Printed)	SSN#	Signature	Date





Delaware Opportunities Program Intake Form

Please complete this side of the form for the person receiving services today.

(All information provided is strictly confidential)

Program	Date of Visit	Social Security Number	Date of Birth	Gender M F Other			
First Name	MI	Last Name	Pregnant Y N	WIC Y N	Disabled Y N	Veteran Y N	Active Vet Y N
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian		Check Highest Grade Completed <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/Non Grad					
<input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian		<input type="checkbox"/> High School Grad/GED <input type="checkbox"/> Grade 12 and Some Post Secondary					
<input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race		<input type="checkbox"/> 2 year College Grad <input type="checkbox"/> 4 year College Grad <input type="checkbox"/> Other 12+ Grad					
Insurance <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/Fidelis			Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired				
<input type="checkbox"/> Employment Based <input type="checkbox"/> Military <input type="checkbox"/> Child Health Plus			<input type="checkbox"/> Unemployed short time (6 months or less)				
If between 14 and 24 and not working and not in school <input type="checkbox"/>			<input type="checkbox"/> Unemployed long term (over 6 months)				
Marital Status <input type="checkbox"/> Child (no status) <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed							
Check one: <input type="checkbox"/> Farmer <input type="checkbox"/> Not a Farmer <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Migrant Farm Worker							
Physical Address							
House Number	Street	Apt #	City	State Zip			
Town	Service Site	What is the best way to reach you? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other					
Mailing Address (if Different)							
Street		City		State Zip			
Home Phone Number	Cell Phone Number	Email Address					
Household Type <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults No Children		Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless					
<input type="checkbox"/> Single Female <input type="checkbox"/> Single Male <input type="checkbox"/> Two Parent Household		<input type="checkbox"/> Temp Unstable <input type="checkbox"/> Temp Stable					
<input type="checkbox"/> Non Related Adults with Children <input type="checkbox"/> Multi Generational		<input type="checkbox"/> Own Multi Family Home					
<input type="checkbox"/> Other		<input type="checkbox"/> Own Mobile Home <input type="checkbox"/> Runaway					
Gross Income (includes all family income from all sources before taxes or deductions): _____							
A Weekly B Biweekly C Monthly D Yearly							
Income Sources <input type="checkbox"/> Employment Only <input type="checkbox"/> Employment and Other <input type="checkbox"/> Employment, Other Source and Non cash							
<input type="checkbox"/> Employment and Non Cash Benefits <input type="checkbox"/> Other Income Sources Only <input type="checkbox"/> Other Income and Non Cash Benefits							
<input type="checkbox"/> No Income <input type="checkbox"/> Non Cash Benefits Only							
Other Income Source <input type="checkbox"/> Family Assistance/TANF <input type="checkbox"/> Safety Net <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Private Disability							
<input type="checkbox"/> VA Disability <input type="checkbox"/> VA Disability Pension <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Social Security <input type="checkbox"/> Pension							
<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Unemployment <input type="checkbox"/> Other							
Benefits you may be receiving? <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> HEAP <input type="checkbox"/> Housing Voucher							
<input type="checkbox"/> Affordable Care Act <input type="checkbox"/> Day Care Subsidy <input type="checkbox"/> Other							

Signature _____

I authorize sharing this information with other programs of Delaware Opportunities

For Office Use Only

Service

Outcomes

Information regarding gender, ethnicity, education, or disability is collected for statistical information only. This information will not be used to determine eligibility. Some of this information is requested by the Federal Government in order to monitor laws prohibiting discrimination against those seeking services. You are not required to furnish this information but you are encouraged to do so.

Please complete this side of the form for the additional members of the household

Social Security Number	First Name	Middle Initial	Last Name	Date of Birth	Male (M) Female (F) Other (O)	Pregnant (Y) or (N)	Marital Status (See codes below)	Relation to Applicant (See codes below)	Ethnicity Hispanic (Y) or (N)	Race (See codes below)	Education If Over 14 (See Codes Below)	Health Insurance (See Codes Below)	Veteran (Yes Active A)	SNAP (Food Stamps) (Receiving Y/N)	WIC (Receiving Y/N)	Disabled (Y or N)	Farmer (Y or N)	Gross Monthly Income	Source of Income (See codes below)

Marital Status	Relation to Applicant	Race	Education	Source of Income
A. Single	I. Spouse	A. Native American	For those over 14 years of age	A. Employment Only
B. Married	J. Grandparent	B. Asian	A. 0-8	B. Employment + Other
C. Widowed	K. Foster Parent	C. Caucasian/White	B. 9-12 Non grad	J. Pension
D. Separated	L. Foster Child	D. African American/Black	C. High School	K. Veterans Benefits
E. Divorced	M. Grandchild	E. Bi-Racial/Multi Racial	D. 12 + Some	L. Alimony
F. Other	N. Other _____	F. Hawaiian/Pacific Islander	E. 2 yr college grad	M. No Income
		G. Other	F. 4 yr college grad	N. Other _____
			G. 12+ Other	H. Unemployment

Insurance: A. Private B. Medicare C. Medicaid/Fidelis D. Employment Based E. Military E. Child Health Plus