

**General Information**

Applicant 1 Name:	Previous Name(s):
Social Security Number:	Date of Birth:
Address:	City/State/Zip:
Rent Payment:	Email Address:
Phone:	Cell Phone and Carrier:

**Race** *(check all that apply)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino

**Veteran**    Yes    No

**Disability**    Yes    No

**Current Marital Status**

- Married    Committed Partnership
- Divorced    Single
- Separated    Widowed

**Highest Level of Education**

- GED    Technical College    Bachelor's Degree    Doctorate
- High School Diploma    Associate's Degree    Master's Degree

Applicant 2 Name:	Previous Name(s):
Social Security Number:	Date of Birth:
Address:	City/State/Zip:
Rent Payment:	Email Address:
Phone:	Cell Phone and Carrier:

**Race**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

**Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino

**Veteran**    Yes    No

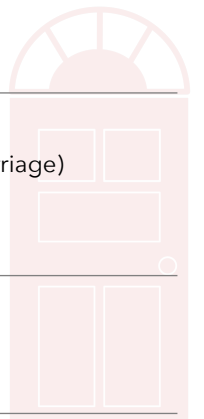
**Disability**    Yes    No

**Current Marital Status**

- Married    Relationship (not marriage)
- Divorced    Single
- Separated    Widowed

**Highest Level of Education**

- Less Than High School    GED    Associate's Degree    Master's Degree
- High School Diploma    Technical/Certificate    Bachelor's Degree    Doctorate



**Family Information**

**Applicant 1** (Parenting Adult)  Custodial Parent (one or more children live with you)  Non-Custodial (no children live with you)  Guardian/Relative (legal guardian, other)

**Applicant 2** (Parenting Adult)  Custodial Parent (one or more children live with you)  Non-Custodial (no children live with you)  Guardian/Relative (legal guardian, other)

**Total number of children**, whether living with you or not: **Do they live with you**  Part-time  Full-time

Child's First/Last Name	Relationship to Applicant 1 <small>(son, daughter, stepchild, grandchild, significant other's child)</small>	Relationship to Applicant 2 <small>(son, daughter, stepchild, grandchild, significant other's child)</small>	Date of Birth

**Which of the following services do you or ANY FAMILY MEMBER LIVING WITH YOU receive?**

- SNAP
- Child Care Voucher
- WIC
- Medicaid
- KidCare
- LIEAP (electric)
- Cheyenne Housing Authority Voucher
- HeadStart
- STRIDE
- UPLIFT
- TAP (phone)
- ASK (After School for Kids)
- Boys and Girls Club
- Youth Alternatives
- Friday Food Bags
- IEP (Individualized Education Program)
- 504 Education Plan
- Free & Reduced Price Meals

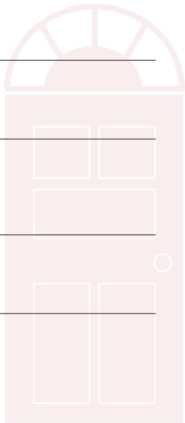
**Is the Department of Family Services working an open case with your family or a child?**

*This doesn't affect eligibility, but helps us provide adequate support in coordinating services.*

Yes  No If yes, provide reason: \_\_\_\_\_

**Do all children in the family have health insurance?**

Yes  No If no, please list uninsured children's names: \_\_\_\_\_



**Applicant 1 Information**

**Employer, Address, Phone**

(start with most recent job then work backward)

Start Date

Start Wage

End Date

Ending/  
Current Wage

Full Time/  
Part Time

Employer, Address, Phone (start with most recent job then work backward)	Start Date	Start Wage	End Date	Ending/ Current Wage	Full Time/ Part Time

**Court-Ordered Child Support**

Pay  Receive      If yes, amount/month:

If yes, case worker name:

If yes, do you have back child support?       Yes  No

If yes, approximately how much?

**Do YOU have health insurance?**       Yes  No

If yes, what type?

**Are you currently in school?**       Yes  No

**Do you have a valid driver's license?**  Yes  No

**Reliable transportation?**  Yes  No

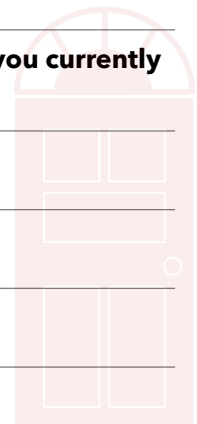
The following four questions **will not** affect eligibility, but rather allow us to help you.

**Are you or a family member dealing with immigration issues?**       Yes  No

**Have you ever filed for bankruptcy?**  Yes  No      If yes, when?

**Have you EVER been convicted of a crime (misdemeanor, felony, DUI, or ANY other?) Or are you currently involved in any legal action?**

**If on probation/parole, please list name and phone number of probation/parole officer:**



**Applicant 2 Information**

**Employer, Address, Phone**

(start with most recent job then work backward)

Start Date

Start Wage

End Date

Ending/  
Current Wage

Full Time/  
Part Time

Employer, Address, Phone (start with most recent job then work backward)	Start Date	Start Wage	End Date	Ending/ Current Wage	Full Time/ Part Time

**Court-ordered child support**

Pay  Receive

If yes, amount/month:

If yes, case worker name:

If yes, do you have back child support?

Yes  No

If yes, approximately how much?

**Do YOU have health insurance?**

Yes  No

If yes, what type?

**Are you currently in school?**

Yes  No

**Do you have a valid driver's license?**  Yes  No

**Reliable transportation?**  Yes  No

The following four questions **will not** affect eligibility, but rather allow us to help you.

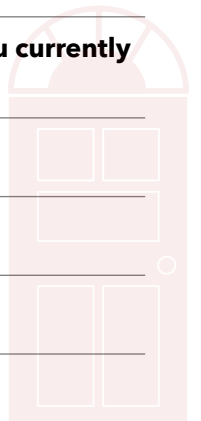
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Yes  No

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**If on probation/parole, please list name and phone number of probation/parole officer:**



**Family Essay Question**

Please explain what you hope to gain from participating in My Front Door. Include how it might help your child(ren), you, your current relationship, your family, job economic status, etc. **Put a lot of thought into this response.**

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**Alternate Contacts**

Please provide complete addresses and telephone numbers for **three** individuals who are **not** living in your home and will know how to reach you if needed:

First/Last Name	Relationship	Phone	City, State

**All applications and information are confidential.**

**Applicant 1 Signature**

**Date**

**Applicant 2 Signature**

**Date**

