



<b>CLIENT INFORMATION:</b>			
<b>Client Name:</b>		<b>Date of Birth:</b> ____/____/____	<b>Gender:</b>
<b>Home Address:</b>		<b>Apt/Unit #</b>	<b>City:</b>
<b>Zip Code:</b>			
<b>Apartment Complex Name:</b>			
<b>Primary Phone: (        )</b>		<b>Secondary Phone: (        )</b>	
<b>Emergency Contact Name :</b>		<b>Emergency Contact # (        )</b>	
<b>Ethnicity (select one)</b>			
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Non-Hispanic	
<b>Race (select one)</b>			
<input type="checkbox"/> White		<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
		<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Other: _____			
<b>Number of People in Household 16 years and Over (including self):</b> _____ <b>Under 16 Years:</b> _____ <b>Total:</b> _____			
<b>Total Annual Household Income:</b> _____			
<input type="checkbox"/> Please check here if you do not wish to receive more information about Catholic Charities Fort Worth supportive services.			
<b>CLIENT DESTINATION:</b>			
<b>Purpose of Trip (select one)</b>			
<input type="checkbox"/> Employment		<input type="checkbox"/> School	<input type="checkbox"/> Training
<b>Business or School Name:</b>			
<b>Address:</b>		<b>Suite #</b>	<b>City:</b>
<b>Zip Code:</b>			

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

Client: I certify that all of the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Staff: I certify that this application is completed in full and signed.

**Did you receive the Written Notice of Beneficiary Rights?**

(Application will not be reviewed if this section is left blank)

Yes

No