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1. First name, Middle n	ame, Last name, & Suffix				
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4. City		5. State	6. Zip code	7. County	
8. Mailing address (if d	lifferent from home address)		10 100	9. Apartment or suite number	
10. City		11. State	12. ZIP code	13. County	
14. Phone number –	\$	-	15. Other phone numbe		
16. Do you want to get	information about this appl	lication by email	? Yes No		
Email address:					
17. Preferred spoken or	written language (if not En	gilish)			
18. Date of birth (mm/dd/yyyy)			19. Sex Male Female		
should call 1-800-325-	0778.		ig an SSN, call 1-800-77;	1-1213 or visit socialsecurity.gov. TTY users	
22. If you aren't a U.S.	en or U.S. national? Yes citizen or U.S. national, do document type and ID numb	you have eligible	e immigration status?		
	document type				
b. Document ID	number				
c. Have you live	d in the U.S. since 1996?	Yes No			
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23. Are you pregnant? If yes, how many babi	Yes No	oregnancy?			
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