STEP 1 Tell us about yourself.

1. First name, Middle n	ame, Last name, & Suffix				
2. Home address (Leav	re blank if you don't have on	e.)		3. Apartment or suite number	
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			
	eran or an active-duty mem		nilitary? 🗆 Yes 🔲 No		
23. Are you pregnant? If yes, how many babi	Yes No	oregnancy?			
	rsical, mental, or emotional h a medical facility or nursing			activities (like bathing, dressing, daily	
	ethnicity (OPTIONAL—che an American Chicano/a			r	
26. Race (OPTIONAL-	-check all that apply.)		901	1-202	
☐ White ☐ Black or African American	American Indian or Alaska Native Asian Indian Chinese	☐ Filipino ☐ Japanese ☐ Korean	Usetnamese Other Asian Native Hawaiis	Guamanian or Chamorro Samoan Other Pacific Islander Other	

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