

Return application by mail or in person to:
 ACTION INC. - PROJECT UPLIFT
 180 MAIN STREET, GLOUCESTER MA 01930

- For children ages 0-16
- You must live in Gloucester, Rockport, Manchester, Essex, or Ipswich
- Children must be living with you full time to be eligible
- One application per family (only one parent may apply)

APPLICANT CONTACT INFORMATION

NAME OF PARENT/GUARDIAN:

STREET ADDRESS:

CITY:

PHONE NUMBER:

EMAIL/OTHER PHONE:

CHILDREN AGES 0-16 IN YOUR HOUSEHOLD

CHILD'S FULL NAME	AGE	DATE OF BIRTH	GENDER	RACE	HISPANIC	U.S. CITIZEN
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Use the letter in **bold** that best describes the race of each child: Black or African American (**B**), Asian (**A**), Multi-Race (**M**), Pacific Islander (**P**), White (**W**), American Indian or Alaska Native (**N**), Other (**O**).

WOULD YOU LIKE HELP WITH SCHOOL SUPPLIES NEXT YEAR? YES NO

If you answer 'YES' to this question, we will use the info provided here to contact you this summer with more information.

ADULTS IN HOUSEHOLD - 17 YEARS OR OLDER

FULL NAME	DATE OF BIRTH	GENDER	RACE	HISPANIC	U.S. CITIZEN
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Use the letter in **bold** that best describes the race of each adult: Black or African American (**B**), Asian (**A**), Multi-Race (**M**), Pacific Islander (**P**), White (**W**), American Indian or Alaska Native (**N**), Other (**O**).

HOUSEHOLD INFORMATION

1. Total number of family members in the household: _____	2. Monthly household income: _____ Income Source:
3. Does your household receive benefits? (SNAP, WIC, Sec. 8, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Wages from Employment <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> TAFDC/EAEDC <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Child Support <input type="checkbox"/> Other
4. What is your current housing status? <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Public Housing <input type="checkbox"/> Subsidized Rent (Section 8) <input type="checkbox"/> Homeless <input type="checkbox"/> Other	
5. What is your family/household type? <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two-parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multi-generational Household <input type="checkbox"/> Other	

I authorize Action Inc. staff to share information about me and my household with other Action Inc. staff for the purposes of making referrals to other Action Inc. programs and coordinating services for me and my family. I understand that Action Inc. will keep my personal information confidential except as required by Action Inc.'s funding sources or as required by law. Under all other circumstances, Action Inc. will only share my information with my written consent.

I understand that I am not required to share this information and that this authorization will not affect my eligibility for additional services. I understand that I may withdraw this consent at any time.

I DECLARE THAT THIS FORM HAS BEEN COMPLETED AS TRUTHFULLY & ACCURATELY AS POSSIBLE.

Applicant Signature: _____

Date: _____