|  |
| --- |
| Please Check Box: New Client □Returning Client □ |

 **CLIENT INFORMATION**

**Head of Household**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name** |
|  |  |  |

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt #, Lot #, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Cell or □ Home

 Date of Birth (mm/dd/yyyy) \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Gender: (please circle) Female Male

 **Do you live in the Bowling Green School District Yes or No**

**Household Details**

 # of Seniors (60+): \_\_\_\_ # of Adults (18-59yro): \_\_\_\_ # of Children (0-17yro): \_\_\_\_

 Other Family/Household Members

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Name** | **Date of Birth** (mm/dd/yyyy) | **Age** | **Gender** (please circle) |
|  |  |  |  |  |  F M |
|  |  |  |  |  |  F M |
|  |  |  |  |  |  F M |
|  |  |  |  |  |  F M |
|  |  |  |  |  |  F M |
|  |  |  |  |  |  F M |
|  |  |  |  |  |  F M |

**Signed (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For Office only

Name written in white Book □

Name placed in the computer □