

Applica	ant & I	Family	Me	mber Ir	nfor	matior	ı					FIVE SANDOVAL INDIAN PUEBLOS, INC.	
Applicar	nt												
First	Ν	liddle	La	st		Suffix	Nicknam	ne Birt	hday	Gende	r SSI	N Alt ID	
Race Asian Black White Other:	ian American Indian/Alaska Native ack Hawaiian/Pacific Islander nite Multi-Racial			lative	Hispanic □ Yes □ No		English Proficiency Little Moderate None Proficient		Other Language			Other Language Proficiency Little Moderate None Proficient	
	ealth Cove	rade Ot	her Co	verage	In	surance #		id Eligibility	/	Medica	id #	Doctor/Medical Home	
				5	□ Not			Eligible /ledicaid					
Denta	Dental Coverage Dental Cov				irage #				De	Dentist/Dental Home			
Primary		Al al all a		-1		0 "	NP 1		h d a c	0.			
First	ſ	Viddle	La	ist		Suffix	Nicknam	ne Birt	hday	Gende	er SSI	N Alt ID	
Race Asian Black White Other:	 ☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Multi-Racial 				Hispanic Yes No		English Proficiency Little Moderate None Proficient		Other Language			Other Language Proficiency Little Moderate None Proficient	
Highest Gra	ade Comple	eted			Emplo	yment Statu	IS	Child's Re	ationship		Custody	Check all that apply:	
□ Bachelor's □ Grade 11 □ Par □ Col Deg/Train □ Grade 12 □ Sea				□ Full Time □ Part Tim □ Seasona □Unemplo	e I	□ Full Time □ Part Time □ Training □ Retired o	e & Training or School	 Biological/Adopted/Ste Grandchild Other Relative Foster Other 		/Step	□ Yes □ No	□ Lives with Family □ Provides Financial Support □ Teen Parent If teen parent, subsidized? □ Yes □ No	
Email Add	ress:												
		her Adul		-		0	NP al as	D' :	le el es s	Oraci			
First	ľ	Viddle	La	IST		Suffix	Nicknam	ne Birt	hday	Gende	er SSI	N Alt ID	
Data					Llien		English Droff		Otherslow			Other Lennue as Drefisioneu	
🗆 Asian					Hispanic		English Proficiency		Other Language			Other Language Proficiency	
Black Hawaiian/Pacific Islander White Multi-Racial Other:					□ No		 ☐ Moderate ☐ None ☐ Proficient 					Moderate None Proficient	
Highest Gra	Highest Grade Completed					yment Statu			ationship	lationship Cu		Check all that apply:	
□ Associate's □ Grade 10 □ Bachelor's □ Grade 11 □ Col Deg/Train □ Grade 12 □ Col or Adv Train □ < Grade 9 □ GED □ HS Graduate		1 2 9	□ Part Time □ Part ⁻ □ Seasonal □ Train			ne & Training Grando g or School Other F		andchild DN ner Relative ster		□ Yes □ No	Lives with Family Provides Financial Support Teen Parent If teen parent, subsidized?		
		Master's										🗆 Yes 🗆 N	

Email Address:

Additio	nal Child (Non-Applic	ant) *							
First	Middle	Middle Last		Suffix		Birthday	Gender	SSN	
Race			Hispanic	English F	Proficiency	Other Language	Other La	nguage Proficiency	
Asian	American Indian/Alaska	Native	□ Yes	□ Little			□ Little		
Black	Black 🛛 Hawaiian/Pacific Islander			Moder	rate		□ Moderate		
□ White	Multi-Racial			□ None			□ None		
□ Other:				□ Profic	ient		□ Profic	ient	

Last		Suffix	Nickname	Birthday	Gender	SSN
						331
	Hispanic	English Pro	oficiency		Other La	nguage Proficiency
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lander	LI INO		е			ate
		None			None	
		Proficier	nt		Profici	ent
7	aska Native lander		aska Native	aska Native □ Yes □ Little lander □ No □ Moderate	aska Native	aska Native DYes DLittle DIttle

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.