

Family Application

Monday, January 14, 2008

ORS9.5 Sample Data

BROM001 - Mary Brown Family					
Address	567B Old Hickory Drive Lancaster PA 17602	Update Last By	DDC	Updated	12/10/2007
Telephone	(717) 394-9999	Family Size	4	Federal Poverty Level %	156
Geographic Area	Lancaster County	Total Income:	35,020.00	FPL Income	32,260.00
Type of Heating	LPG	Expense	19,792.00	Senatorial District	
Cooling Device	No cooling device	House District		School District	
Housing	Rent - Section 8	Last Weatherization Date	3/25/2000	Staff 1	Lizzy Howler
Family Type	Single Parent/Female	Staff 2		Staff 3	
Emerg Contact	Susan Hicks	Staff 4		Staff 5	
Emerg Cont. Ph#	(814) 555-1212	Home Ext Code	Stone	Family User Def 2 Code	
Family Doctor	Dr. Notaro	Family User Def 3 Code		Family User Def 4 Code	
Family Doctor Ph#	(717) 345-7777	Family User Def 5 Code		Family User Def 5 Code	
Intake Date	9/23/1998	First Contact Date	9/23/1998		
Intake Site	Office				
Medical Coverage	Med Assistance				
Food Stamps (Y/N)	Y				
Cash Asst (Y/N)	Y				
Auto (Y/N)	Y				
Homebound	N				
01 Mary Brown SSN: 509-82-2922 DOB: 5/12/1948 AGE: 59 Female					
Race	White	Phone #		Primary Language	English
Marital Status	Divorced	Employer Name		Employer Phone #	
Education Level	9-12th Grade/NonGrad	School District Code		Completion Year	
Employment Status	Unemployed	Years in HASS		Individual User Def 4 Code	
Medical Card	Y	Individual User Def 5 Code		Veteran?	NonVeteran
Job Type	No Job	Relation to HOH	Head of Household	Include in Family Size?	Yes
Disability	No Disability				
Diagnosis					
Primary Diagnosis					
Secondary Diagnosis					
Drivers License	Y				
WIC #					
Medicaid #					
<p>I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND MAY BE USED FOR HOUSEHOLD AND INCOME VERIFICATION TO INCLUDE ZERO INCOME VERIFICATION FOR STATISTICAL PURPOSES. I AUTHORIZE AGENCY EMPLOYEES TO CONTACT ANY FORMER EMPLOYEES AND/OR SOCIAL SERVICES AGENCIES TO VERIFY HOUSEHOLD INCOME FOR THE PAST THIRTY (30) DAYS.</p> <p>APPLICANT SIGNATURE: _____ DATE: _____</p> <p>I CERTIFY THAT REASONABLE ATTEMPTS HAVE BEEN MADE TO VERIFY THE ABOVE REPORTED HOUSEHOLD AND INCOME INFORMATION. I FURTHER CERTIFY THAT DOCUMENTATION TO VERIFY SAME IS INCLUDED IN THE APPLICANT'S OFFICIAL FILE/RECORD.</p> <p>AGENCY REPRESENTATIVE: _____ DATE: _____</p>					