



Kiowa County Healthy Choices 2017 Application

Please complete for **each** household member:

Name	Age	Hispanic/Latino?	Race*	Education**	Health Ins	Disabled
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No

*Race: Choose: White, Black/Af. American, Amer. Indian and Alaska Native, Asian, Native Hawaiian and Other Pac. Islander, Other, or Multi-Race

** Education: Choose: Grades 0-8, 9-12/Non-Graduate, High School Graduate/GED, 12+ Some Post Secondary, or 2 or 4 years College Graduate.

Household Information:

Income: _____ Monthly/Annual (if you have earned income please bring in your last pay stub or last year's taxes)
(You qualify for Healthy Choices if your household is within the 125% Federal Poverty Rate)

Household Income Source(s): Check all that apply

- | | |
|---|--|
| TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> | Unemployment Insurance <input type="checkbox"/> |
| SSI (Supplementary Security Income) <input type="checkbox"/> | Employment + Other Source <input type="checkbox"/> |
| Social Security <input type="checkbox"/> | Employment Only <input type="checkbox"/> |
| Pension <input type="checkbox"/> | Other <input type="checkbox"/> |
| General Assistance <input type="checkbox"/> | Please explain: _____ |

Social Security Number if on above Assistance for income verification: _____

Housing: Check Housing Type

- Own Rent Homeless Other

Address:

Physical: _____

Mailing: Same as Physical

Official Use only:

Income verified: _____

Verifier Initials: _____

Date verified: _____

Approved/Denied Signature: _____

Approved/Denied Date: _____

By signing this form, you affirm that all information is correct and truthful and that you are allowing Kiowa County Healthy Choices to verify the information you have provided.

Signature

Date

Contact Phone Number

Completed applications may be delivered to:

Kiowa County Public Health Office
1309 Maine Street P.O. Box 414
Eads, Colorado 81036

For questions about the program, please contact Andrea at 719-438-5782 or Cora at 719-438-5810