

HPRP Family/Household Information Worksheet

Client (Head of House) _____ Apply Household Data Sharing

Family Member # 2 Relationship to Head of Household _____
Name: _____ Social Security: _____
DOB _____ Gender Male Female
Race: Same as Head of Household Or If Different List Race _____
Ethnicity: Same as Head of Household Or If Different List Ethnicity _____
Additional Information Assessment
Military Veteran: Yes No Domestic Violence Victim Yes No (When Occurred _____)
Monthly Income (not reported in Head of Households income) _____

Family Member # 3 Relationship to Head of Household _____
Name: _____ Social Security: _____
DOB _____ Gender Male Female
Race: Same as Head of Household Or If Different List Race _____
Ethnicity: Same as Head of Household Or If Different List Ethnicity _____
Additional Information Assessment
Military Veteran: Yes No Domestic Violence Victim Yes No (When Occurred _____)
Monthly Income (not reported in Head of Households income) _____

Family Member # 4 Relationship to Head of Household _____
Name: _____ Social Security: _____
DOB _____ Gender Male Female
Race: Same as Head of Household Or If Different List Race _____
Ethnicity: Same as Head of Household Or If Different List Ethnicity _____
Additional Information Assessment
Military Veteran: Yes No Domestic Violence Victim Yes No (When Occurred _____)
Monthly Income (not reported in Head of Households income) _____

Family Member # 5 Relationship to Head of Household _____
Name: _____ Social Security: _____
DOB _____ Gender Male Female
Race: Same as Head of Household Or If Different List Race _____
Ethnicity: Same as Head of Household Or If Different List Ethnicity _____
Additional Information Assessment
Military Veteran: Yes No Domestic Violence Victim Yes No (When Occurred _____)
Monthly Income (not reported in Head of Households income) _____