

## Participant Background Information Form

This form contains information that may change. It should be completed when a new participant enters the program, and updated semi-annually.

### Current Participant Information (at the time form is completed):

Place of residence of participant:

- Urban or suburban (pop. 2,500 or more)  
 Small town or rural (pop. Less than 2,500)

Marital status of participant:

- Single  
 Married  
 Separated  
 Divorced  
 Widowed

Household status of participant:

How many adults (18 yrs and older) currently live in participant's household: \_\_\_\_\_

How many children (under 18 yrs) currently live in participant's household: \_\_\_\_\_

Highest level of education completed by participant:

- Grade K-5<sup>th</sup>  
 Grade 6-8  
 Grade 9-12  
 Some college  
 2-year degree  
 4 year degree  
 Attended graduate school

Employment status of participant:

- Employed more than full-time (overtime, or working more than one job)  
 Employed full-time (35-40 hours)  
 Employed part-time (up to 35 hours)  
 Working and in school  
 Laid off, waiting for call back  
 Currently seeking employment  
 Currently in school or job training program  
 Homemaker, not seeking employment  
 Disabled, not seeking employment  
 Retired, not seeking employment  
 Unknown

Site-specific grouping

Have you ever been a recipient of TANF or AFDC?	YES	NO	Unknown
Are you presently a TANF recipient? (Provide documentation for eligibility)	YES	NO	Unknown
Do you currently receive SSI or SSDI?	YES	NO	Unknown
Do you currently receive food stamps?	YES	NO	Unknown
Do you use direct deposit for IDA?	YES	NO	Unknown
Are you EITC eligible?	YES	NO	Unknown

Monthly gross income of participant household by source:

\$ _____	Formal employment
\$ _____	Self-employment (selling things you make, doing laundry, sewing, child care, etc.)
\$ _____	Government assistance (TANF, Food Stamps, SSI, Social Security, Unemployment Benefits, Veteran's Benefits)
\$ _____	Pensions or retirement income
\$ _____	Child support/alimony payments
\$ _____	Friends or family
\$ _____	Investment income
\$ _____	Other: (Please specify) _____

Assets and liabilities:

Do you own a vehicle?	YES	NO	Unknown
		If YES, value of vehicle:	\$ _____
		Loan amount of vehicle:	\$ _____

Do you own a home?	YES	NO	Unknown	\$ _____
		If YES, market value of home:	\$ _____	
		Mortgage amount on home:	\$ _____	

Do you own a business	YES	NO	Unknown	\$ _____
		If YES, value of business:	\$ _____	
		Loan amount for business	\$ _____	

Do you own residential rental property or land?	YES	NO	Unknown
		If YES, value of property:	\$ _____

Do you own stocks, bonds 401K or other investments?	YES	NO	Unknown
		If YES, value of investments:	\$ _____

Do you have a checking account?	YES	NO	Unknown
		If YES, amount in account:	\$ _____

Do you have a savings account? (other than IDA)	YES	NO	Unknown
		If YES, amount in account	\$ _____

Do you owe money to friends/family?	YES	NO	Unknown	
		If YES, record amount:		\$_____
Do you have credit card bills?	YES	NO	Unknown	
		If YES, record amount:		\$_____
Do you have student loans?	YES	NO	Unknown	
		If YES, record amount		\$_____
Do you have medical bills?	YES	NO	Unknown	
		If YES, record amount:		\$_____
Do you have health insurance?	YES	NO	Unknown	
Do you have life insurance?	YES	NO	Unknown	

Print name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_