

| REQUEST FOR A CHATS HOUSEHOLD NUMBER | | | |
|--|-----------------------------|---------------|--------------------------------|
| FOR OFFICE USE ONLY | | | |
| County Assigned Household Number | | | Tech of Record: |
| Prefix | Basic 6 digit Number | Suffix | Interview Tech: |
| 35- | | | |
| Social Security Number of Head of Household | | | Application Date / / |
| | | | |

| To Be Completed By Applicant | | | | |
|--|--|-------------------------|---------------|---------------------|
| Last Name: | | First Name: | | Middle Name: |
| | | | | |
| List any other names used (including maiden name) by applicant: | | | | |
| Mailing Address: | | City: | State: | Zip Code: |
| | | | | |
| Residence Address (if different): | | City: | State: | Zip Code: |
| | | | | |
| Home Phone #: | | Message Phone #: | | |
| Cell Phone #: | | | | |

List EVERYONE living at your address (include yourself, roommates, relatives) even if you do not want assistance for them.

| Last Name | First Name | Birth Date | Relationship | Social Security Number <small>(SS# is optional for people who are not applying for assistance)</small> | Sex <small>(M/F)</small> |
|-----------|------------|------------|--------------|---|-----------------------------|
| | | | SELF | | |
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| For Office Use Only | |
|--|-----------------------------|
| CBMS: Y/N what type(s) of assistance? | |
| | |
| CHATS: Y/N | |
| Case #: | |
| | |
| DOLE Employment History for all adults: Y/N | Checked By: |
| DOLE UCB History for all adults: Y/N | Date Checked: / / |

**If you need help, tell us. Your worker will help you.
We provide services for:**

