



Children's (Under Age 18) Supplemental Document

Directions: Please complete one per child.

Name: _____ Relationship to Applicant: _____

SS#: _____ Date of Birth: _____

Does this child have a disabling condition?

- Yes No Waiting for Diagnosis I don't know Refuse to answer

If yes please choose one of the following disability types:

Physical Disability Mental Health Developmental Disability Chronic Health Condition Substance Abuse HIV/AIDS

Receiving treatment for identified disability?

- Yes No I don't know Refuse to answer

Is this child Hispanic or Latino?

- Yes No I don't know Refuse to answer

What is your race? (Circle all that apply)

White American Indian/Alaskan Native Black/African American Native Hawaiian/Other Pacific Islander Asian Don't know Refuse to answer

Is this child's housing status and history the same as the applicant?

- Yes No Refuse to Answer

If no, please explain current status and housing status history (number of times homeless in past 3 years.):

How would you describe this child's health?

- Excellent Very Good Good Fair Poor Don't know Refuse to answer

Does this child currently have insurance?

- Yes No I don't know Refuse to answer

If yes, what type is it?

- Medicare Medicaid Healthy MT Kids VA Health Benefits Employer Provided Private Insurance Other, Please describe:

If you do not have insurance what is the reason?

- Applied, decision pending Applied, not eligible I did not apply Insurance type is not applicable I don't know Refused to answer

Is this child pregnant?

- Not applicable Yes No I don't know Refuse to answer

If pregnant, when is your due date? ___ / ___ / ___

Have you ever been the victim of or experienced domestic violence? Yes No Refuse to answer

If you have experienced domestic violence, when did it occur? _____

[Type here]

Please sign the Declaration of Citizenship on the Main Application.