



**Children’s (Under Age 18) Supplemental Document**

*Directions: Please complete one per child.*

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Main Applicant Name/Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronoun (Optional, ex. he/him, she/her, they/them, ze/zir, etc.): \_\_\_\_\_

**Does this child have a disabling condition?**

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

**If yes please choose from the following disabling condition(s):**

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

**Receiving treatment for identified disabling condition?**

- 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)**

Alaskan Native/  
American Indian/  
Indigenous    Asian/  
Asian American    Black/  
African American/  
African    Native  
Hawaiian/  
Pacific Islander    White    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? \_\_\_\_\_

**\*Please sign the Declaration of Citizenship on the Main Application.\***