**«Site\_Name\_1»**

**OMB No. 0970-XXXX**

**Basic Information Form**

«ID»

The following form asks you a series of questions about your background. It should take you about 15 minutes to complete. The questions cover a range of topics, including your family characteristics, your educational background, and your employment history. This information is important for the study, but you can refuse to answer any questions. Some questions will have special instructions that are in bold font that ***look like this***. Please read these instructions carefully. If you have any questions, please ask the intake worker in the room for help. When you are finished, find the form labeled SAQ. It is printed on blue paper in your application packet. Read the instructions on the front of the SAQ, and begin filling it out.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IDENTIFYING INFORMATION** | | | | | | | | | | | | | |
| 1. WHAT IS YOUR NAME? | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRST | | | | | \_\_\_\_\_\_  M.I. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LAST | | | | |
| 2. WHAT IS YOUR DATE OF BIRTH? | | | | | | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  (MONTH) (DAY) (YEAR) | | | | | | | |
| 3. WHAT IS YOUR SOCIAL SECURITY NUMBER? | | | | | | \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | | | |
| 4. WHAT IS YOUR ADDRESS? | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STREET ADDRESS | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APT # |
|  | | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY | | | | | \_\_\_\_\_\_\_\_  STATE | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ZIP |
| 5a. WHAT IS YOUR PRIMARY PHONE NUMBER?  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | | | 5b. WHAT IS YOUR SECONDARY PHONE NUMBER?  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | | |
| 1□ HOME | 2□ CELL | 3□ WORK | | | | | 1□ HOME | | | 2□ CELL | | 3□ WORK | |
| 6. WHAT IS YOUR E-MAIL ADDRESS? | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **BACKGROUND AND FAMILY CHARACTERISTICS** | | | | | | | | | | | | | |
| 7. WHAT IS YOUR SEX? | | | | | 1□ MALE  2□ FEMALE | | | | | | | | |
| 8. WHAT IS YOUR MARITAL STATUS? | | | | | 1□ NOW MARRIED  2□ WIDOWED  3□ DIVORCED  4□ SEPARATED  5□ NEVER MARRIED | | | | | | | | |
| 9. ARE YOU OF HISPANIC, LATINO, OR SPANISH ORIGIN? | | | | | 1□ NO**,** NOT OF HISPANIC, LATINO, OR SPANISH ORIGIN  2□ YES, MEXICAN, MEXICAN AM., CHICANO  3□ YES, PUERTO RICAN  4□ YES, CUBAN  5□ YES, ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN | | | | | | | | |
| 10. WHAT IS YOUR RACE? ***(MARK ONE OR MORE)*** | | | | | 1□ WHITE  2□ BLACK, AFRICAN AM., OR NEGRO  3□ AMERICAN INDIAN OR ALASKA NATIVE  4□ NATIVE HAWAIIAN OR PACIFIC ISLANDER  5□ ASIAN | | | | | | | | |

|  |  |
| --- | --- |
| **BACKGROUND AND FAMILY CHARACTERISTICS** | |
| 11. WERE YOU BORN IN ONE OF THE 50 U.S. STATES, WASHINGTON D.C., OR PUERTO RICO?  1□ YES  2□ NO 🡪 IN WHAT YEAR DID YOU COME TO LIVE IN THE UNITED STATES, WASHINGTON D.C., OR PUERTO RICO? \_\_\_ \_\_\_ \_\_\_ \_\_\_ | |
| 12a. DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME?  1□ YES  2□ NO ***(PLEASE SKIP TO 13)*** | |
| IF YES, HOW WELL DO YOU: | |
| 12b. ***SPEAK*** ENGLISH?  1□ VERY WELL  2□ WELL  3□ NOT WELL  4□ NOT AT ALL | 12c. ***READ*** ENGLISH?  1□ VERY WELL  2□ WELL  3□ NOT WELL  4□ NOT AT ALL |
| 13. WHICH OF THE FOLLOWING LIVE IN YOUR HOUSEHOLD AT LEAST HALF THE TIME? ***(MARK ONE OR MORE)***:  01□ YOUR SPOUSE  02□ YOUR UNMARRIED PARTNER  03□ YOUR BIOLOGICAL OR ADOPTED CHILDREN  04□ OTHER CHILDREN UNDER AGE 18  05□ YOUR MOTHER OR FATHER  06□ YOUR OTHER RELATIVES  07□ YOUR SPOUSE’S MOTHER OR FATHER  08□ YOUR SPOUSE’S OTHER RELATIVES  09□ FRIENDS  10□ OTHERS  11□ NO ONE ELSE | |
| 14. HOW MANY ADULTS AGE 18 OR OLDER, INCLUDING YOURSELF, LIVE WITH YOU AT LEAST HALF THE TIME? \_\_\_\_ ADULTS | |
| 15a. HOW MANY CHILDREN UNDER AGE 18 LIVE WITH YOU AT LEAST HALF THE TIME? ***(INCLUDE BIOLOGICAL, ADOPTED, FOSTER, STEP, AND ANY OTHER CHILDREN)***:  \_­­­\_\_\_ CHILDREN ***(IF ZERO, PLEASE SKIP TO 17 ON PAGE 4)*** | |
| 15b. FOR HOW MANY OF THESE CHILDREN ARE YOU OR YOUR SPOUSE THE LEGAL GUARDIAN?  \_\_\_\_ CHILDREN ***(IF ZERO, PLEASE SKIP TO 17 ON PAGE 4)*** | |

|  |
| --- |
| **BACKGROUND AND FAMILY CHARACTERISTICS** |
| 16. DO YOU HAVE ANY CHILDREN UNDER AGE 18 WHO DO NOT LIVE WITH YOU AT LEAST HALF THE TIME?  1□ NO  2□ YES 🡪 HOW MANY CHILDREN? \_\_\_\_ |
| **EDUCATIONAL BACKGROUND** |
| 17. WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU HAVE COMPLETED? ***(MARK ONE):***  1□ GRADE 1 THROUGH 11 🡪 ***PLEASE WRITE THE HIGHEST GRADE YOU COMPLETED 1-11 HERE:*** \_\_\_ \_\_\_  2□ 12th  GRADE – NO DIPLOMA  3□ GED OR ALTERNATIVE CREDENTIAL  4□ REGULAR HIGH SCHOOL DIPLOMA  5□ SOME COLLEGE CREDIT, BUT LESS THAN 1 YEAR OF COLLEGE CREDIT  6□ 1 OR MORE YEARS OF COLLEGE CREDIT, BUT NO DEGREE  7□ ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS)  8□ BACHELOR’S DEGREE OR HIGHER (FOR EXAMPLE BA, BS) |
| 18. HAVE YOU RECEIVED A POST-SECONDARY VOCATIONAL OR TECHNICAL CERTIFICATE OR DIPLOMA?  1□ YES  2□ NO |
| 19. HAVE YOU EVER ATTENDED ANY OF THE FOLLOWING EDUCATION AND TRAINING PROGRAMS? ***(MARK ONE OR MORE):***  1□ ADULT BASIC EDUCATION  2□ ENGLISH AS SECOND LANGUAGE  3□ VOCATIONAL, TECHNICAL OR TRADE SCHOOL (OTHER THAN COLLEGE)  4□ CLASSES IN HOW TO SUCCEED IN SCHOOL (FOR EXAMPLE, COLLEGE SUCCESS COURSE)  5□ CLASSES IN HOW TO SUCCEED AT WORK (FOR EXAMPLE, WORK HABITS, COMMUNICATION)  6□ NONE OF THE ABOVE |
| 20. WHAT IS THE HIGHEST LEVEL OF EDUCATION THAT YOU EVENTUALLY *EXPECT* TO COMPLETE? ***(MARK ONE)***  1□ NO ADDITIONAL SCHOOL  2□ GED OR ALTERNATIVE CREDENTIAL  3□ REGULAR HIGH SCHOOL DIPLOMA  4□ ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS)  5□ BACHELOR’S DEGREE (FOR EXAMPLE BA, BS)  6□ GRADUATE (MASTER’S, DOCTORAL, OR OTHER ADVANCED PROFESSIONAL) DEGREE |

|  |  |  |
| --- | --- | --- |
| **EDUCATIONAL BACKGROUND** | | |
| 21. WHAT IS THE HIGHEST LEVEL OF SCHOOL COMPLETED BY YOUR: | | |
| a. MOTHER (OR GUARDIAN #1)?  1□ NOT A HIGH SCHOOL GRADUATE  2□ GED OR ALTERNATIVE CREDENTIAL  3□ REGULAR HIGH SCHOOL DIPLOMA  4□ SOME COLLEGE CREDIT, BUT NO DEGREE  5□ ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS)  6□ BACHELOR’S DEGREE OR HIGHER (FOR EXAMPLE BA, BS)  7□ DON’T KNOW | b. FATHER (OR GUARDIAN #2)?  1□ NOT A HIGH SCHOOL GRADUATE  2□ GED OR ALTERNATIVE CREDENTIAL  3□ REGULAR HIGH SCHOOL DIPLOMA  4□ SOME COLLEGE CREDIT, BUT NO DEGREE  5□ ASSOCIATE’S DEGREE (FOR EXAMPLE, AA, AS)  6□ BACHELOR’S DEGREE OR HIGHER (FOR EXAMPLE BA, BS)  7□ DON’T KNOW | |
| **EDUCATIONAL BACKGROUND** | | |
| 22. DO YOU HAVE ANY BROTHERS OR SISTERS WHO HAVE ATTENDED COLLEGE?  1□ YES  2□ NO  3□ DO NOT HAVE ANY BROTHERS OR SISTERS | | |
| 23. WHAT GRADES DID YOU USUALLY GET IN HIGH SCHOOL? ***(MARK ONE):*** | | |
| 1□ DID NOT ATTEND HIGH SCHOOL IN THE U.S.  2□ MOSTLY A’s  3□ MOSTLY B’s | | 4□ MOSTLY C’s  5□ MOSTLY D’s  6□ MOSTLY F’s |
| **EMPLOYMENT AND INCOME** | | |
| 24. ARE YOU CURRENTLY WORKING AT A JOB FOR PAY? ***(MARK ONE)*** | | |
| 1□ YES🡪 HOW MANY HOURS PER WEEK ON AVERAGE ARE YOU CURRENTLY WORKING? ***(INCLUDE ALL JOBS)*** | | \_\_\_ \_\_\_ HOURS/WEEK |
| 2□ NO, BUT I WORKED BEFORE 🡪 WHEN DID YOU LAST WORK? | | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  (MONTH) (YEAR) |
| 3□ NO, I NEVER WORKED ***(PLEASE SKIP TO 27)*** | | |
| 25. IF YOU ANSWERED “*YES*” OR “*NO, BUT I WORKED BEFORE*” TO Q25: ABOUT HOW MUCH DO/DID YOU TYPICALLY EARN PER  HOUR BEFORE TAXES IN YOUR CURRENT OR MOST RECENT JOB? ***(ANSWER FOR YOUR MAIN JOB IF MORE THAN ONE)***  $ \_\_\_ \_\_\_ . \_\_\_ \_\_\_ PER HOUR IN CURRENT/MOST RECENT JOB  IF YOU ***DO NOT*** KNOW THE HOURLY RATE, PLEASE GIVE EARNINGS IN ***ONE*** OF THE CATEGORIES BELOW:  $ \_\_\_ \_\_\_ \_\_\_ \_\_\_ PER DAY  $ \_\_\_ \_\_\_ \_\_\_ \_\_\_ PER WEEK  $ \_\_\_ \_\_\_ \_\_\_ \_\_\_ EVERY 2 WEEKS  $ \_\_\_ \_\_\_ \_\_\_ \_\_\_ TWICE A MONTH  $ \_\_\_ \_\_\_ \_\_\_ \_\_\_ EVERY MONTH  $ \_\_\_ \_\_\_ \_\_\_ \_\_\_ OTHER (SPECIFY TIME PERIOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYMENT AND INCOME** | | | |
| 26. IN THE ***PAST MONTH***, DID YOU OR ANYONE IN YOUR FAMILY (YOUR SPOUSE OR PARTNER AND ANY OTHER RELATIVES WHO LIVE WITH YOU) HAVE INCOME OR BENEFITS FROM ANY OF THE FOLLOWING SOURCES? | | | |
| A) JOB EARNINGS? | 1□ YES 🡪  2□ NO | ABOUT HOW MUCH WAS IT PER MONTH? $ \_\_\_\_\_\_\_\_\_\_\_ | |
| B) WIC OR FOOD STAMPS (ALSO KNOWN AS SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM--SNAP)? | 1□ YES 🡪  2□ NO | ABOUT HOW MUCH WAS IT PER MONTH? $ \_\_\_\_\_\_\_\_\_\_\_ | |
| C) PUBLIC ASSISTANCE OR WELFARE  (***NOT*** INCLUDING WIC OR FOOD STAMPS)? | 1□ YES 🡪  2□ NO | ABOUT HOW MUCH WAS IT PER MONTH? $ \_\_\_\_\_\_\_\_\_\_\_ | |
| D) FREE OR REDUCED LUNCH PROGRAM? | 1□ YES  2□ NO |  | |
| E) UNEMPLOYMENT INSURANCE, WORKER’S COMPENSATION, DISABILITY OR SOCIAL SECURITY BENEFITS? | 1□ YES 🡪  2□ NO | ABOUT HOW MUCH WAS IT PER MONTH? $ \_\_\_\_\_\_\_\_\_\_\_ | |
| F) CHILD SUPPORT (OFFICIAL OR UNOFFICIAL)? | 1□ YES 🡪  2□ NO | ABOUT HOW MUCH WAS IT PER MONTH? $ \_\_\_\_\_\_\_\_\_\_\_ | |
| G) FAMILY AND FRIENDS? (OUTSIDE THE HOUSEHOLD) | 1□ YES 🡪  2□ NO | ABOUT HOW MUCH WAS IT PER MONTH? $ \_\_\_\_\_\_\_\_\_\_\_ | |
| H) GRANTS OR LOANS FOR SCHOOL? | 1□ YES 🡪  2□ NO | ABOUT HOW MUCH WAS IT PER MONTH? $ \_\_\_\_\_\_\_\_\_\_\_ | |
| I) HOUSING CHOICE VOUCHER (KNOWN AS SECTION 8) OR PUBLIC HOUSING? | 1□ YES 🡪  2□ NO | ABOUT HOW MUCH WAS IT PER MONTH? $ \_\_\_\_\_\_\_\_\_\_\_ | |
| 27. LAST YEAR, WHAT WAS YOUR TOTAL FAMILY INCOME? ***INCLUDE YOUR OWN EARNINGS AND ANY INCOME FROM YOUR SPOUSE OR PARTNER AND ANY OTHER RELATIVES WHO LIVE WITH YOU:***  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT  IF YOU ***DO NOT*** KNOW THE EXACT AMOUNT, PLEASE MARK THE CATEGORY BELOW THAT IS CLOSEST: | | | |
| 1□ $0  2□ $1 TO $9,999  3□ $10,000 TO $14,999  4□ $15,000 TO $19,999  5□ $20,000 TO $24,999  6□ $25,000 TO $29,999  7□ $30,000 TO $34,999 | | | 08□ $35,000 TO $39,999  09□ $40,000 TO $44,999  10□ $45,000 TO $49,999  11□ $50,000 TO $59,999  12□ $60,000 TO $69,999  13□ $70,000 TO $79,999  14□ $80,000 OR OVER |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ALTERNATE CONTACTS**  ***Please provide information for three persons not living with you who can help us locate you:*** | | | | | | | | | | |
| **CONTACT #1** | | | | | | | | | | |
| WHAT IS HIS/HER NAME? | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRST | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LAST | | | |
| WHAT IS HIS/HER RELATIONSHIP TO YOU? | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| WHAT IS HIS/HER ADDRESS? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STREET ADDRESS | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APT # |
|  | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY | | | | \_\_\_\_\_\_\_\_  STATE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ZIP |
| WHAT IS HIS/HER PRIMARY PHONE NUMBER?  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | WHAT IS HIS/HER SECONDARY PHONE NUMBER?  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | |
| 1□ HOME | 2□ CELL | 3□ WORK | | | 1□ HOME | 2□ CELL | | 3□ WORK | | |
| WHAT IS HIS/HER E-MAIL ADDRESS? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **CONTACT #2** | | | | | | | | | | |
| WHAT IS HIS/HER NAME? | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRST | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LAST | | | |
| WHAT IS HIS/HER RELATIONSHIP TO YOU? | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| WHAT IS HIS/HER ADDRESS? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STREET ADDRESS | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APT # |
|  | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY | | | | \_\_\_\_\_\_\_\_  STATE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ZIP |
| WHAT IS HIS/HER PRIMARY PHONE NUMBER?  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | WHAT IS HIS/HER SECONDARY PHONE NUMBER?  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | |
| 1□ HOME | 2□ CELL | 3□ WORK | | | 1□ HOME | 2□ CELL | | 3□ WORK | | |
| WHAT IS HIS/HER E-MAIL ADDRESS? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **CONTACT #3** | | | | | | | | | | |
| WHAT IS HIS/HER NAME? | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRST | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LAST | | | |
| WHAT IS HIS/HER RELATIONSHIP TO YOU? | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| WHAT IS HIS/HER ADDRESS? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STREET ADDRESS | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APT # |
|  | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY | | | | \_\_\_\_\_\_\_\_  STATE | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ZIP |
| WHAT IS HIS/HER PRIMARY PHONE NUMBER?  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | WHAT IS HIS/HER SECONDARY PHONE NUMBER?  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | |
| 1□ HOME | 2□ CELL | 3□ WORK | | | 1□ HOME | 2□ CELL | | 3□ WORK | | |
| WHAT IS HIS/HER E-MAIL ADDRESS? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Thank you for completing this form!**

**Please hand in this form and the signed copy of the white form to the staff person.**

**Next, please find the *blue* form in the envelope,**

**read the instructions on the front cover, and begin to work on it.**

