

## MATERIAL ASSISTANCE FORM

<b>Date:</b>	
<b>Have you been here before?</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>City:</b>	<b>Zip:</b>
<b>Cell Phone:</b>	
<b>Date of Birth:</b>	
<b>Primary Language: ENGLISH/SPANISH</b>	
<b>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living Together/Common Law</b>	
<b>If Married: Spouse Name:</b>	<b>Date of Birth:</b>
<b>Highest Level of Education: (YOURSELF)</b> <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree	<b>Highest Level of Education: (SPOUSE)</b> <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree
<b>Ethnicity: (YOURSELF) <input type="checkbox"/> Hispanic <input type="checkbox"/> White</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian	<b>Ethnicity: (SPOUSE) <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/></b> <input type="checkbox"/> African American <input type="checkbox"/> Asian
<b>Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	<b># of Weeks:</b> <b>Gender: <input type="checkbox"/> BOY <input type="checkbox"/> GIRL <input type="checkbox"/> UNKNOWN</b>
<b>Total # of Children:</b>	
<b>Any Children under 36 months? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>	<b>How Many:</b>
<b>D.O.B. of Child (1):</b>	<b>D.O.B. of Child (2):</b>
<b>Gender: <input type="checkbox"/> BOY <input type="checkbox"/> GIRL</b>	<b>Gender: <input type="checkbox"/> BOY <input type="checkbox"/> GIRL</b>
<b>Diaper Size:</b>	<b>Diaper Size:</b>
<b>Clothes Size:</b>	<b>Clothes Size:</b>
<b>Spiritual Consent</b> <b>Would you like us to pray for you and your family?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Spiritual Consent</b> <b>Would you like us to pray for you and your family?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO