



Kiowa County Healthy Choices 2017 Application

Please complete for each household member:

Name	Age	Ethnicity*	Race**	Education***	Health Ins	Disabled
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No
		Yes or No			Yes or No	Yes or No

*Ethnicity: Yes = Hispanic, Latino, or Spanish Origin or No = Not Hispanic, Latino, or Spanish Origin

**Race: Choose: White, Black or African American, American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, Other, or Multi-Race

*** Education: Choose: Grades 0-8, 9-12/Non-Graduate, High School Graduate/GED, 12+ Some Post Secondary, or 2 or 4 years College Graduate.

Household Information:

Annual Income: _____ (You qualify for Healthy Choices if your household income is within the 125% Federal Poverty Rate)

Household Income Source(s): Check all that apply

- | | |
|---|--|
| TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> | Unemployment Insurance <input type="checkbox"/> |
| SSI (Supplementary Security Income) <input type="checkbox"/> | Employment + Other Source <input type="checkbox"/> |
| Social Security <input type="checkbox"/> | Employment Only <input type="checkbox"/> |
| Pension <input type="checkbox"/> | Other <input type="checkbox"/> |
| General Assistance <input type="checkbox"/> | |

Housing: Check Housing Type

- | | |
|-------------------------------|-----------------------------------|
| Own <input type="checkbox"/> | Homeless <input type="checkbox"/> |
| Rent <input type="checkbox"/> | Other <input type="checkbox"/> |

Address:

Physical: _____

Mailing: Same as Physical

By signing this form you affirm that all information is correct and truthful.

Signature Date Contact Phone Number

Completed applications may be delivered to
Kiowa County Public Health
1309 Maine Street/PO Box 414
Eads, CO 81036

Questions about program, please contact Chelsea at 719-438-5782.