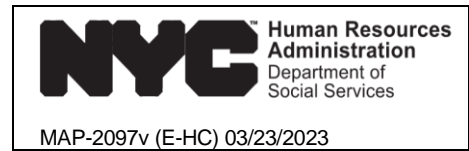


**INFORMATION ABOUT PARENTS OR SPOUSES
NOT LIVING IN THE HOUSEHOLD**



Applicant's Name: _____

Non-custodial Parent / Spouse Information:

Name: _____ D.O.B. _____

Parent of: _____

Spouse of: _____

Address: _____
(if known)

Social Security Number: _____
(if known)

The information above is true and complete to the best of my knowledge.

Signature

Date

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 888-692-6116. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

ENFÒMASYON SOU PARAN OSWA MARI/MADANM
KI PA RETE NAN KAY LA

Non Aplikan an: _____

Enfòmasyon Paran ki p ap Viv avèk Timoun nan / Mari/Madanm

Non: _____

Dat Nesans _____

Paran Timoun sa a: _____

Mari oswa madanm: _____

Adrès: _____

(si ou konnen li)

Nimewo Sekirite Sosyal: _____

(si ou konnen li)

Enfòmasyon ki anlè a se verite epi yo konplè selon sa mwen konnen.

Dat la

Siyati

Èske ou gen yon pwoblèm medikal oswa sante mantal oswa andikap? Èske pwoblèm sa a fè li difisil pou ou konprann avi sa a oswa sa a mande pou ou fè? Èske pwoblèm sa a sa fè li difisil pou ou pou jwenn lòt sèvis nan HRA? **Nou kapab ede ou.** Rele nou nan nimewo 888-692-6116. Ou ka mande pou èd tou lè w vizite biwo HRA a. Ou gen dwa pou mande kalite èd sa a dapre lalwa.