

**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.

不与家人同住的家长或配偶的信息

申请人姓名： _____

非监护人家长/配偶信息：

姓名： _____ 出生日期 _____

下列人士的父母： _____

下列人士的配偶： _____

地址： _____
(如果已知)

社会安全号码： _____
(如果已知)

就本人所知，上述信息均真实完整。

_____ 签名

_____ 日期

您是否有医疗或心理健康疾病或残障问题？ 此问题是否让您难以理解本通知或完成本通知所要求事情？此问题是否使您难以获得 HRA 提供的其他服务？**我们可助您一臂之力。** 致电 888-692-6116 联系我们。您也可以造访 HRA 办公室时寻求帮助。根据法律规定，您有权要求此类帮助。