

**Community Action Mission Program (CAMP) Family Information Sheet**

Name \_\_\_\_\_ Gender F or M Birthdate \_\_\_\_\_ Age \_\_\_\_

Complete Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**FULL NAME OF OTHERS LIVING IN HOUSEHOLD (Please do not list those that you babysit)**

\_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ Gender F or M

\_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ Gender F or M

\_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ Gender F or M

\_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ Gender F or M

\_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ Gender F or M

Does anyone living in your household receive food stamps? Y or N \$ \_\_\_\_\_

Income for household \$ \_\_\_\_\_ weekly or monthly

**Source of Income for household:**

Social Security \_\_\_\_ Social Security Disability \_\_\_\_ Unemployment \_\_\_\_ Employment \_\_\_\_ Other \_\_\_\_

**Please sign and date:**

1. \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ Date \_\_\_\_\_

3. \_\_\_\_\_ Date \_\_\_\_\_

4. \_\_\_\_\_ Date \_\_\_\_\_

5. \_\_\_\_\_ Date \_\_\_\_\_

6. \_\_\_\_\_ Date \_\_\_\_\_

7. \_\_\_\_\_ Date \_\_\_\_\_

8. \_\_\_\_\_ Date \_\_\_\_\_

9. \_\_\_\_\_ Date \_\_\_\_\_

10. \_\_\_\_\_ Date \_\_\_\_\_

11. \_\_\_\_\_ Date \_\_\_\_\_

12. \_\_\_\_\_ Date \_\_\_\_\_