



CITY OF BALDWIN PARK/ Ciudad de Baldwin Park
PARTICIPATION INFORMATION SHEET
Forma de Participación

Date:

Are you Head of Household?

Yes/si: _____ No: _____

Es usted el Principal de la Casa?

Are you/ Es usted :

Male/ Masculino: _____ Female/ Femenina: _____

Is this a single parent home?

Yes/si: _____ No: _____

Es esté Hogar de un solo padre?

Total number of people living in the home:

Escriba el número total de todos viviendo en esté hogar: _____

(Please mark how many in each age group)

(Por favor marque cuandos hay en cada grupo)

Ages/ Edades
17 Under _____ 36-49 _____
18-25 _____ 50-61 _____
26-35 _____ 62 & Older _____

Age of person applying for assistance:

Edad principal de la persona aplicando para asistencia: _____

Is this your first time submitting an application in this facility?

Yes/si _____

Es está su primera vez aplicanto para asistencia en el local?

Please Make Your Selection

Marque su selección

Part 1: Hispanic Latino/ Race:

Raza Hispano/ Latino

YES checkbox

NO checkbox

Part 2: Ethnicity:

Origen Étnico:

Place a check Mark

Marque el que aplica

- White
Black/African American
Asian
Amer Indian/Alaskan Native
Native Hawaiian/Other Pacific Isn
Amer Indian/Alaskan & White
Asian & White
Black/African American & White
Amer Indian/Alaskan & Black
Other

Declined to State:
(no answer)

FOR PUBLIC SERVICE AGENCY STAFF ONLY:

CENSUS TRACT #: _____

BLOCK #: _____

No _____
