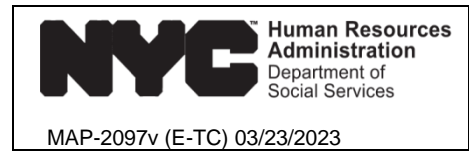


**INFORMATION ABOUT PARENTS OR SPOUSES
NOT LIVING IN THE HOUSEHOLD**



Applicant's Name: _____

Non-custodial Parent / Spouse Information:

Name: _____ D.O.B. _____

Parent of: _____

Spouse of: _____

Address: _____
(if known)

Social Security Number: _____
(if known)

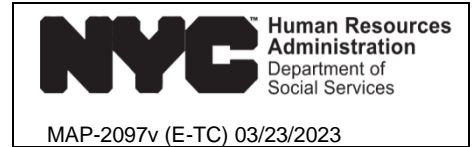
The information above is true and complete to the best of my knowledge.

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.

有關非同住父母或配偶的資訊



申請人姓名： _____

非監護家長/配偶資訊：

姓名： _____ 出生日期 _____

以下人員的父母： _____

以下人員的配偶： _____

地址： _____
(如已知)

社會安全號碼： _____
(如已知)

上述資訊已盡本人所知所信且真實完整。

_____ 簽名

_____ 日期

您是否有醫療或心理健康疾病或殘障問題？此問題是否使得您難以瞭解此通知或完成此通知所要求事情？此問題是否使您難以取得 HRA 提供的其他服務？**我們可助您一臂之力。**致電 888-692-6116 聯絡我們。您也可以前往 HRA 辦公室尋求協助。根據法律，您有權尋求此類協助。