



CROSSROADS PROGRAM APPLICATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ECONOMIC ASSISTANCE
 SFN 29 (5-2024)

Please print or type your answer. Read application carefully, answer each question completely.

* The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

Tell us about you

Name (First, Middle Initial, Last)			Date of Birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (see codes below)	Marital Status (see codes below)	Education Level Completed	
Telephone Number		Cell Phone Number	Social Security Number*	
Residential Address		City	State	ZIP Code
Mailing Address		City	State	ZIP Code

Marital Status Codes: **MA** - Married **DI** - Divorced **NM** - Never Married **WI** - Widow
 Race Codes: **AI** - American Indian/Alaska Native **AP** - Asian **BL** - Black **HP** - Native Hawaiian/Pacific Island **WH** - White

Are you currently pregnant?
 No Yes - What is your due date: _____

Tell us about your child(ren) in your home

Name (First, Middle Initial, Last)	Social Security Number (optional)*	Date of Birth	Gender	Race (see codes below)

Race Codes: **AI** - American Indian/Alaska Native **AP** - Asian **BL** - Black **HP** - Native Hawaiian/Pacific Island **WH** - White

Tell us about your school - Attach proof of your school enrollment. (Class Schedule)

School Name		Telephone Number		
Mailing Address	City	State	ZIP Code	

I authorize the release of information concerning my participation in the Crossroads Program to the Human Service Zone office, case manager, and any other Department of Health and Human Services personnel involved in this program. I understand information about me is confidential.

I understand that by checking this box and typing my name below. I am signing this Crossroads Program Application. I agree that my electronic signature is the legal equivalent of my handwritten signature.

Signature	Date
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Submit completed application to:
 Crossroads Program EA - Economic Assistance
 600 East Boulevard Ave - Dept. 325
 Bismarck, ND 58505-0250

701-328-1060 Fax Number
 701-328-2332 Telephone Number

STATE OFFICE USE ONLY

Date Approved
Date Denied
By