



**CROSSROADS PROGRAM APPLICATION**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 ECONOMIC ASSISTANCE DIVISION  
 SFN 29 (7-2022)

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

**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

**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 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 EAD - 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

\* 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.