



City of Dallas

**OFFICE OF COMMUNITY CARE-WEST DALLAS MULTIPURPOSE CENTER  
AC/FAN PROGRAM APPLICATION**

<b>Name (Last, First, M.I.)</b>	
<b>Date of Birth:</b>	
<b>Age:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Telephone Number:</b>	

Select One:

<b>Race:</b> AA ___ HSP ___ W ___ Other ___
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Select One:

<b>Marital Status:</b> Single ___ Married ___ Divorced ___ Widowed ___ Other ___
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# of Household Members: \_\_\_\_\_

Please Check if Applicable:

<b>Senior Citizen:</b> ___	<b>Disabled:</b> ___	<b>Family w/ children under 6yrs:</b> ___
<b>Severe Medical Condition:</b> ___	<b>Handicapped:</b> ___	

**APPLICANT CERTIFICATION:** *I swear that the information on this form is true and correct and that any changes in circumstances will be reported immediately.*

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_