



# Family Member Information

Revised: 10/26/2021

List all who live in your household even if they are not applying for dental treatment.

## Adult Family Member #1

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Sex: M F Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Marital Status: Single Married Widowed Divorced Other: \_\_\_\_\_  
Race/Ethnicity: Asian African African American/Black Caucasian Mixed Race  
Middle Eastern Hispanic/Latino American Indian East Indian East European  
Other: \_\_\_\_\_  
County where you live: \_\_\_\_\_ County where you work: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Job #1

Employer Name: \_\_\_\_\_ Your Occupation: \_\_\_\_\_  
Average # of hours worked per week: \_\_\_\_\_ How many weeks per year worked? \_\_\_\_\_  
Please list weekly wages and tips : \$ \_\_\_\_\_ Hourly wage? \$ \_\_\_\_\_

### Job #2

Employer Name: \_\_\_\_\_ Your Occupation: \_\_\_\_\_  
Average # of hours worked per week: \_\_\_\_\_ How many weeks per year worked? \_\_\_\_\_  
Please list weekly wages and tips : \$ \_\_\_\_\_ Hourly wage? \$ \_\_\_\_\_  
Are you currently attending college? Yes No Do you have TennCare? Yes No  
Are you enrolled in a work training program? Yes No Do you have CoverKids? Yes No  
Do you have dental insurance? Yes No Do you have medical insurance? Yes No

## Adult Family Member #2 (relationship to Adult Family Member #1 \_\_\_\_\_)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Sex: M F Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Marital Status: Single Married Widowed Divorced Other: \_\_\_\_\_  
Race/Ethnicity: Asian African African American/Black Caucasian Mixed Race  
Middle Eastern Hispanic/Latino American Indian East Indian East European  
Other: \_\_\_\_\_  
County where you live: \_\_\_\_\_ County where you work: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Job #1

Employer Name: \_\_\_\_\_ Your Occupation: \_\_\_\_\_  
Average # of hours worked per week: \_\_\_\_\_ How many weeks per year worked? \_\_\_\_\_  
Please list weekly wages and tips : \$ \_\_\_\_\_ Hourly wage? \$ \_\_\_\_\_

### Job #2

Employer Name: \_\_\_\_\_ Your Occupation: \_\_\_\_\_  
Average # of hours worked per week: \_\_\_\_\_ How many weeks per year worked? \_\_\_\_\_  
Please list weekly wages and tips : \$ \_\_\_\_\_ Hourly wage? \$ \_\_\_\_\_  
Are you currently attending college? Yes No Do you have TennCare? Yes No  
Are you enrolled in a work training program? Yes No Do you have CoverKids? Yes No  
Do you have dental insurance? Yes No Do you have medical insurance? Yes No

## Adult Family Member #3 (relationship to Adult Family Member #1 \_\_\_\_\_)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Sex: M F Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Marital Status: Single Married Widowed Divorced Other: \_\_\_\_\_  
 Race/Ethnicity: Asian African African American/Black Caucasian Mixed Race  
 Middle Eastern Hispanic/Latino American Indian East Indian East European  
 Other: \_\_\_\_\_  
 County where you live: \_\_\_\_\_ County where you work: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Job #1**  
 Employer Name: \_\_\_\_\_ Your Occupation: \_\_\_\_\_  
 Average # of hours worked per week: \_\_\_\_\_ How many weeks per year worked? \_\_\_\_\_  
 Please list weekly wages and tips : \$ \_\_\_\_\_ Hourly wage? \$ \_\_\_\_\_

**Job #2**  
 Employer Name: \_\_\_\_\_ Your Occupation: \_\_\_\_\_  
 Average # of hours worked per week: \_\_\_\_\_ How many weeks per year worked? \_\_\_\_\_  
 Please list weekly wages and tips : \$ \_\_\_\_\_ Hourly wage? \$ \_\_\_\_\_

Are you currently attending college? Yes No Do you have TennCare? Yes No  
 Are you enrolled in a work training program? Yes No Do you have CoverKids? Yes No  
 Do you have dental insurance? Yes No Do you have medical insurance? Yes No

**Adult Family Member #4** (relationship to Adult Family Member #1 \_\_\_\_\_)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Sex: M F Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Marital Status: Single Married Widowed Divorced Other: \_\_\_\_\_  
 Race/Ethnicity: Asian African African American/Black Caucasian Mixed Race  
 Middle Eastern Hispanic/Latino American Indian East Indian East European  
 Other: \_\_\_\_\_  
 County where you live: \_\_\_\_\_ County where you work: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Job #1**  
 Employer Name: \_\_\_\_\_ Your Occupation: \_\_\_\_\_  
 Average # of hours worked per week: \_\_\_\_\_ How many weeks per year worked? \_\_\_\_\_  
 Please list weekly wages and tips : \$ \_\_\_\_\_ Hourly wage? \$ \_\_\_\_\_

**Job #2**  
 Employer Name: \_\_\_\_\_ Your Occupation: \_\_\_\_\_  
 Average # of hours worked per week: \_\_\_\_\_ How many weeks per year worked? \_\_\_\_\_  
 Please list weekly wages and tips : \$ \_\_\_\_\_ Hourly wage? \$ \_\_\_\_\_

Are you currently attending college? Yes No Do you have TennCare? Yes No  
 Are you enrolled in a work training program? Yes No Do you have CoverKids? Yes No  
 Do you have dental insurance? Yes No Do you have medical insurance? Yes No

**Child Family Member #1** (relationship to Adult Family Member #1 \_\_\_\_\_)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Sex: M F Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Marital Status: Single Married Widowed Divorced Other: \_\_\_\_\_  
 Race/Ethnicity: Asian African African American/Black Caucasian Mixed Race  
 Middle Eastern Hispanic/Latino American Indian East Indian East European  
 Other: \_\_\_\_\_

Are you currently attending college? Yes No Do you have TennCare? Yes No  
 Are you enrolled in a work training program? Yes No Do you have CoverKids? Yes No  
 Do you have dental insurance? Yes No Do you have medical insurance? Yes No

**Child Family Member #2** (relationship to Adult Family Member #1 \_\_\_\_\_)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Sex: M F Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Marital Status: Single Married Widowed Divorced Other: \_\_\_\_\_

Race/Ethnicity: Asian African African American/Black Caucasian Mixed Race  
 Middle Eastern Hispanic/Latino American Indian East Indian East European  
 Other: \_\_\_\_\_

Are you currently attending college? Yes No Do you have TennCare? Yes No  
 Are you enrolled in a work training program? Yes No Do you have CoverKids? Yes No  
 Do you have dental insurance? Yes No Do you have medical insurance? Yes No

**Child Family Member #3** (relationship to Adult Family Member #1 \_\_\_\_\_)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Sex: M F Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Marital Status: Single Married Widowed Divorced Other: \_\_\_\_\_  
 Race/Ethnicity: Asian African African American/Black Caucasian Mixed Race  
 Middle Eastern Hispanic/Latino American Indian East Indian East European  
 Other: \_\_\_\_\_

Are you currently attending college? Yes No Do you have TennCare? Yes No  
 Are you enrolled in a work training program? Yes No Do you have CoverKids? Yes No  
 Do you have dental insurance? Yes No Do you have medical insurance? Yes No

**Child Family Member #4** (relationship to Adult Family Member #1 \_\_\_\_\_)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Sex: M F Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Marital Status: Single Married Widowed Divorced Other: \_\_\_\_\_  
 Race/Ethnicity: Asian African African American/Black Caucasian Mixed Race  
 Middle Eastern Hispanic/Latino American Indian East Indian East European  
 Other: \_\_\_\_\_

Are you currently attending college? Yes No Do you have TennCare? Yes No  
 Are you enrolled in a work training program? Yes No Do you have CoverKids? Yes No  
 Do you have dental insurance? Yes No Do you have medical insurance? Yes No

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