CABINET FOR HEALTH
AND FAMILY SERVICES
—— Department for ——
Community Based Services

KARES Applicant Pre-Screening Form
(Please Type or Print Clearly)

	Applicant 1	Applicant 2
First name		
Middle name		
Last name		
Maiden name/alias		
Social Security number		
Date of birth		
Race		
Gender		
Height		
Weight		
US citizen (yes/no)		
Country of birth		
Email		
Address		
City		
Zip		
County		
Starting month/year at current address		
List all prior addresses for the past 5 years		
Dates at address 1		
Address		
City, State, Zip		
Dates at address 2		
Address		
City, State Zip		
Dates at address 3		
Address		
City, State, Zip		