



**APPLICANT  
RECORD**

**APPLICANT NAME:** \_\_\_\_\_

PHONE: \_\_\_\_\_ 2nd PHONE: \_\_\_\_\_

LANGUAGE: \_\_\_\_\_ English exempt N648

**WORKSHOP: WALK IN**

Fee Waiver:  Payment

\_\_\_ MassHealth

\_\_\_ SNAP

\_\_\_ Other:

**OFFICE USE ONLY**

Follow up:

T + 1w call:

T + 2w call:

T + 4w letter:

T + 6w SHRED: