

**City of Twinsburg**  
**LIFELINE PROGRAM APPLICATION**

10075 Ravenna Road, Twinsburg, Ohio 44087

Phone: (330) 963-8722

www.twinsburgrecreation.com

Fax: (330) 963-8713

*Please print clearly*

Name: _____
Address: _____ _____
Phone Number: _____
Date of Birth: _____
Social Security Number: _____

Medical conditions or disabilities: _____
Doctor's Name: _____
Doctor's Address: _____ _____
Doctor's Phone Number: _____

Respondents to be notified by LIFELINE in case of emergency		
NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Person to be notified if you are taken to the hospital	
Name: _____	
Home Phone Number: _____	Work Number: _____

Your participation in this HUD sponsored program may be funded with grants that require additional personal information. Please answer the following questions completely:

1. Select one of the following categories.

<input type="checkbox"/> White	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black / African American	<input type="checkbox"/> American Indian / Alaskan Native & White
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> American Indian / Alaskan Native & Black / African American
<input type="checkbox"/> Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Black / African American & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Other Multi-Racial

2. In addition to selecting one of the categories above, please indicate if you are also Hispanic / Latino?      YES      NO

3. Female-headed household?      YES      NO      4. Number of people living in your home?         

**PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE & MOST RECENT TAX RETURN, SOCIAL SECURITY STATEMENT, PENSION LETTER OR ANYTHING SHOWING ADJUSTED GROSS INCOME.**  
**APPLICATIONS WITHOUT THESE COPIES WILL NOT BE ACCEPTED.**

<b>Indemnification Clause:</b> I agree to hold the City of Twinsburg harmless for any and all damages resulting to me or my property from the implementation of this program.	
Signature of Applicant: _____	Date: _____