





CARING FOR THE WHOLE COMMUNITY

**Demographic Information:**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Race: \_\_\_\_\_ White \_\_\_\_\_ Black, African American \_\_\_\_\_ Other Pacific Islander \_\_\_\_\_ Asian  
\_\_\_\_\_ South/Central/North American Indian, Alaskan Native \_\_\_\_\_ Native Hawaiian  
\_\_\_\_\_ Multiracial

Ethnicity: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Not Hispanic/ Latino

Preferred Language: \_\_\_\_\_

Do you receive General Assistance Benefits: \_\_\_\_\_

Are you homeless: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is English your first language: \_\_\_\_\_ Yes \_\_\_\_\_ No If not, please specify \_\_\_\_\_

Total annual household income: \$ \_\_\_\_\_ Family Size: \_\_\_\_\_

**For Children Only:**

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_