

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Our goal is to provide the best possible care for you and your family. We ask everyone these questions annually. Based on your answers we can connect you with available community resources.

1. Are you Hispanic or Latino?  Yes  No  I choose not to answer this question

2. Which race(s) are you? (select all that apply)  I choose not to answer this question

Asian  Yes  No Native Hawaiian  Yes  No  
Pacific Islander  Yes  No Black/African American  Yes  No  
White  Yes  No American Indian/Alaskan Native  Yes  No

3. What language are you most comfortable speaking?

English  Language other than English \_\_\_\_\_  I choose not to answer this question

4. Have you been discharged from the armed forces of the United States?

Yes  No  I choose not to answer this question

5. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

Yes  No  I choose not to answer this question

6. How many family members, including yourself, do you currently live with? # \_\_\_\_\_  I choose not to answer

7. Where do you live (Physical address)?

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. What is your housing situation today?

I have housing OR  I do not have housing (staying with others, in a hotel, in a shelter, or living outside/car)  
 I choose not to answer this question

9. Are you worried about losing your housing?

Yes  No  I choose not to answer this question

10. During the past year, what was the total combined income for you and the family members you live with?

This information will help us determine if you are eligible for any benefits.

Total family income: \$ \_\_\_\_\_ Total family size: \_\_\_\_\_  I choose not to answer this question

11. My total family income compared to the Federal Poverty Level (%FPL) is: (See grid below for reference)

100% or below (W)  101 – 150% (X)  151 – 200% (Y)  200% or more (Z)  I don't know  
 I choose not to answer this question

	<b>W</b>	<b>X</b>	<b>Y</b>	<b>Z</b>
Family Size	Less than or Equal to	Between	Between	Equal to or Greater Than
<b>1</b>	\$15,960	\$15,961 – \$23,940	\$23,941 – \$31,920	\$31,921
<b>2</b>	\$21,640	\$21,641 – \$32,460	\$32,461 – \$43,280	\$43,281
<b>3</b>	\$27,320	\$27,321 – \$40,980	\$40,981 – \$54,640	\$54,641
<b>4</b>	\$33,000	\$33,001 – \$49,500	\$49,501 – \$66,000	\$66,001
<b>5</b>	\$38,680	\$38,681 – \$58,020	\$58,021 – \$77,360	\$77,361
<b>6</b>	\$44,360	\$44,361 – \$66,540	\$66,541 – \$88,720	\$88,721
<b>7</b>	\$50,040	\$50,041 – \$75,060	\$75,061 – \$100,080	\$100,081
<b>8</b>	\$55,720	\$55,721 – \$83,580	\$83,581 – \$111,440	\$111,441



**12. What is the highest level of school that you have finished?**

- Less than high school degree
- High school diploma or GED
- More than high school
- I choose not to answer this question

**13. What is your current work situation?**

- Part-time work or temporary work
- Full-time work
- Unemployed and seeking work
- Otherwise unemployed but not seeking work
- Student
- Medical leave or absence
- Retired due to disability
- Retired due to age/preference

**14. What is your main insurance?**

- None/uninsured
- Private Insurance
- Medicare
- Medicaid
- CHIP Medicaid
- Other public insurance (Non-CHIP)
- Other public insurance (CHIP)
- I choose not to answer this question

**15. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? (select all that apply)**

- I choose not to answer this question
- Food  Yes  No
- Utilities  Yes  No
- Clothing  Yes  No
- Child Care  Yes  No
- Medicine or Any Healthcare  Yes  No
- Phone  Yes  No
- Other?  Yes  No If yes, please explain: \_\_\_\_\_
- Inadequate drinking water supply
- I choose not to answer this question

**16. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (select all that apply)**

- Yes, it has kept me from medical appointments or from getting my medications
- Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- If yes, please explain: \_\_\_\_\_
- No, able to independently drive a regular or adapted car, OR uses a regular form of public transportation
- No, able to ride in care only when driven by another person OR able to use public transport with assistance
- I choose not to answer this question

**17. How often do you see or talk to people that you care about and feel close to?**

(For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

- Less than once a week
- 1 or 2 times a week
- If 2 times a week or less, please explain: \_\_\_\_\_
- 3 to 5 times a week
- 5 or more times a week
- I choose not to answer this question

**18. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled.**

How stressed are you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- I choose not to answer this question