

# ESG CV R13 FAMILY DEMOGRAPHICS

CUSTOMER INFORMATION			
Last Name		First Name	
Date of Birth		Social Security	
Phone ( )		Address	
City & State		Zip Code	Today's Date
GENDER		MARITAL STATUS	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
ETHNICITY			
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
INDICATE YOUR RACE (SELECT ONE)			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unspecified			
INDICATE YOUR EDUCATION (SELECT ONE)			
<input type="checkbox"/> 0-8 <sup>th</sup> Grade <input type="checkbox"/> 12 + Some Postsecondary <input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> Education <input type="checkbox"/> GED <input type="checkbox"/> Graduate Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Vocational School <input type="checkbox"/> Unspecified			
INDICATE YOUR HEALTH INSURANCE (SELECT ONE)			
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Insurance for Adults <input type="checkbox"/> Unknown			
MILITARY STATUS (SELECT ONE)		DO YOU RECEIVE FOOD STAMPS?	
<input type="checkbox"/> Active Military <input type="checkbox"/> No Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes - Amount \$ _____ <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer	
ARE YOU DISABLED?		FARMER (SELECT ONE)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer		<input type="checkbox"/> Farmer <input type="checkbox"/> Migrant <input type="checkbox"/> Migrant Seasonal <input type="checkbox"/> Not a Farmer	
WORK STATUS (SELECT ONE)		DO YOU RECEIVE WIC? (SELECT ONE)	
<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed Short Term (less than 6months) <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
NON-CASH BENEFITS (SELECT ONE)		INDICATE YOUR MONTHLY INCOME AMOUNT & SELECT INCOME SOURCE:	
<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> LIHEAP <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing		<input type="checkbox"/> Employment: _____ <input type="checkbox"/> TANF: _____ <input type="checkbox"/> Public Assistance: _____ <input type="checkbox"/> Child Support: _____ <input type="checkbox"/> Self-Employment: _____ <input type="checkbox"/> None <input type="checkbox"/> Pension: _____ <input type="checkbox"/> Alimony: _____ <input type="checkbox"/> Rental: _____ <input type="checkbox"/> Interest/Dividends: _____ <input type="checkbox"/> Social Security: _____ <input type="checkbox"/> SSDI: _____ <input type="checkbox"/> SSI: _____ <input type="checkbox"/> Veterans: _____ <input type="checkbox"/> Work Comp: _____	
HOUSING STATUS (SELECT ONE)			
<input type="checkbox"/> Rent monthly Amount \$ _____ <input type="checkbox"/> Own <input type="checkbox"/> Own - Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> Homeless <input type="checkbox"/> Runaway <input type="checkbox"/> Temporary Stable <input type="checkbox"/> Temporary Unstable			

Please complete this side of the form for additional members in your household.

Customer Information	Using the key below please answer the following questions	Using (Y) for Yes or (N) for No please answer the following	Income
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Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Source of Income
A. Single B. Married C. Domestic Partner D. Divorced E. Separated	A. Brother B. Child C. Father D. Foster Child E. Foster Parent F. Friend G. Grandchild H. Grandparent I. Mother J. Other K. Other Related L. Other Relative M. Sister N. Spouse O. Stepfather P. Stepmother	A. Hispanic or Latino B. Non-Hispanic or Non-Latino	A. American Indian or Alaskan Native B. Asian C. Black/African American D. Caucasian (White) E. Hawaiian/Pacific Islander F. Multi-Race G. Other	A. 0-8th grade B. 9-12th grade C. High School Grad D. GED E. 12 + some secondary school F. 2 -year College graduate G. 4-year College graduate H. Graduate of Other Post-Secondary School	<u>Please indicate your source of Health Insurance</u> A. No Health Insurance B. Direct Purchase C. Employment Based D. Medicaid E. Medicare F. Military Health Care G. State Children's Health Insurance H. State Insurance for Adults I. Unknown	<u>Please indicate your source of income</u> A. Employment B. TANF C. Public Assistance D. Self-Employment E. Alimony F. Child Support G. Interest/Dividends H. Pension I. Rental J. Social Security K. SSDA L. SSI M. Veterans N. Work Comp

First Name	Last Name	Age	Date of Birth	Marital Status	Relation to Applicant	Ethnicity	Race	Education	Health Insurance	Military Service	Food Stamps	WIC	Disabled	Farmer	Source of Income	Income
																\$
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																\$
																\$

All CASI services are provided without regard to race, color, sex, age, religion, national origin, marital status, sexual orientation, disability, citizenship status, military status, genetic information or any other category protected under federal, state or local law. This information will not be used to determine eligibility. This information is being collected for funding purposes only and your information is kept confidential.