

## HOUSEHOLD PROFILE

(COMPLETE COLUMN FOR **EACH HOUSEHOLD MEMBER**) – use additional pages if needed

|   |  |  |  |
|---|--|--|--|
| <b>HOUSEHOLD MEMBER NAME:</b>             |  |  |  |
| <b>DATE OF BIRTH:</b>                     |  |  |  |
| <b>RELATIONSHIP:</b>                      | SELF   |  |  |
| <b>GENDER:</b>                            | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE<br><input type="checkbox"/> OTHER   | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE<br><input type="checkbox"/> OTHER   | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE<br><input type="checkbox"/> OTHER   |
| <b>ETHNICITY:</b>                         | <input type="checkbox"/> HISPANIC<br><input type="checkbox"/> NON - HISPANIC   | <input type="checkbox"/> HISPANIC<br><input type="checkbox"/> NON - HISPANIC   | <input type="checkbox"/> HISPANIC<br><input type="checkbox"/> NON - HISPANIC   |
| <b>RACE:</b>                              | <input type="checkbox"/> AFRICAN AMERICAN (AA)<br><input type="checkbox"/> AA & AMER. INDIAN / ALASKAN<br><input type="checkbox"/> AFRICAN AMERICAN & WHITE<br><input type="checkbox"/> AMER. INDIAN / ALASKAN<br><input type="checkbox"/> ASIAN<br><input type="checkbox"/> WHITE<br><input type="checkbox"/> MULTI – RACIAL<br><input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR<br><input type="checkbox"/> OTHER: _____   | <input type="checkbox"/> AFRICAN AMERICAN (AA)<br><input type="checkbox"/> AA & AMER. INDIAN / ALASKAN<br><input type="checkbox"/> AFRICAN AMERICAN & WHITE<br><input type="checkbox"/> AMER. INDIAN / ALASKAN<br><input type="checkbox"/> ASIAN<br><input type="checkbox"/> WHITE<br><input type="checkbox"/> MULTI – RACIAL<br><input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR<br><input type="checkbox"/> OTHER: _____   | <input type="checkbox"/> AFRICAN AMERICAN (AA)<br><input type="checkbox"/> AA & AMER. INDIAN / ALASKAN<br><input type="checkbox"/> AFRICAN AMERICAN & WHITE<br><input type="checkbox"/> AMER. INDIAN / ALASKAN<br><input type="checkbox"/> ASIAN<br><input type="checkbox"/> WHITE<br><input type="checkbox"/> MULTI – RACIAL<br><input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR<br><input type="checkbox"/> OTHER: _____   |
| <b>EMPLOYMENT:</b>                        | <input type="checkbox"/> FULL – TIME<br><input type="checkbox"/> PART – TIME<br><input type="checkbox"/> MIGRANT SEASONAL FARM WORKER<br><input type="checkbox"/> RETIRED<br><input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS)<br><input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS)<br><input type="checkbox"/> UNEMPLOYED (NOT IN LABOR FORCE)   | <input type="checkbox"/> FULL – TIME<br><input type="checkbox"/> PART – TIME<br><input type="checkbox"/> MIGRANT SEASONAL FARM WORKER<br><input type="checkbox"/> RETIRED<br><input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS)<br><input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS)<br><input type="checkbox"/> UNEMPLOYED (NOT IN LABOR FORCE)   | <input type="checkbox"/> FULL – TIME<br><input type="checkbox"/> PART – TIME<br><input type="checkbox"/> MIGRANT SEASONAL FARM WORKER<br><input type="checkbox"/> RETIRED<br><input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS)<br><input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS)<br><input type="checkbox"/> UNEMPLOYED (NOT IN LABOR FORCE)   |
| <b>EDUCATION:<br/>(HIGHEST COMPLETED)</b> | <input type="checkbox"/> NOT APPLICABLE<br><input type="checkbox"/> PRE-SCHOOL<br><input type="checkbox"/> EARLY HEAD START<br><input type="checkbox"/> HEAD START<br><input type="checkbox"/> 0 – 8 GRADE<br><input type="checkbox"/> 9 – 12 NON GRADUATE<br><input type="checkbox"/> HIGH SCHOOL GRADUATE / GED<br><input type="checkbox"/> 12 + SOME POST SECONDARY<br><input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD<br><input type="checkbox"/> ADVANCED/POST GRADUATE<br><input type="checkbox"/> TECHNICAL/TRADE SCHOOL | <input type="checkbox"/> NOT APPLICABLE<br><input type="checkbox"/> PRE-SCHOOL<br><input type="checkbox"/> EARLY HEAD START<br><input type="checkbox"/> HEAD START<br><input type="checkbox"/> 0 – 8 GRADE<br><input type="checkbox"/> 9 – 12 NON GRADUATE<br><input type="checkbox"/> HIGH SCHOOL GRADUATE / GED<br><input type="checkbox"/> 12 + SOME POST SECONDARY<br><input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD<br><input type="checkbox"/> ADVANCED/POST GRADUATE<br><input type="checkbox"/> TECHNICAL/TRADE SCHOOL | <input type="checkbox"/> NOT APPLICABLE<br><input type="checkbox"/> PRE-SCHOOL<br><input type="checkbox"/> EARLY HEAD START<br><input type="checkbox"/> HEAD START<br><input type="checkbox"/> 0 – 8 GRADE<br><input type="checkbox"/> 9 – 12 NON GRADUATE<br><input type="checkbox"/> HIGH SCHOOL GRADUATE / GED<br><input type="checkbox"/> 12 + SOME POST SECONDARY<br><input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD<br><input type="checkbox"/> ADVANCED/POST GRADUATE<br><input type="checkbox"/> TECHNICAL/TRADE SCHOOL |
| <b>MEDICAL INSURANCE:</b>                 | <input type="checkbox"/> DIRECT-PURCHASE<br><input type="checkbox"/> EMPLOYMENT BASED<br><input type="checkbox"/> MEDICAID<br><input type="checkbox"/> MEDICARE<br><input type="checkbox"/> MILITARY HEALTH CARE<br><input type="checkbox"/> STATE HEALTH (PASSPORT)<br><input type="checkbox"/> NO INSURANCE  | <input type="checkbox"/> DIRECT-PURCHASE<br><input type="checkbox"/> EMPLOYMENT BASED<br><input type="checkbox"/> MEDICAID<br><input type="checkbox"/> MEDICARE<br><input type="checkbox"/> MILITARY HEALTH CARE<br><input type="checkbox"/> STATE HEALTH (PASSPORT)<br><input type="checkbox"/> NO INSURANCE  | <input type="checkbox"/> DIRECT-PURCHASE<br><input type="checkbox"/> EMPLOYMENT BASED<br><input type="checkbox"/> MEDICAID<br><input type="checkbox"/> MEDICARE<br><input type="checkbox"/> MILITARY HEALTH CARE<br><input type="checkbox"/> STATE HEALTH (PASSPORT)<br><input type="checkbox"/> NO INSURANCE  |
| <b>MILITARY STATUS:</b>                   | <input type="checkbox"/> ACTIVE MILITARY<br><input type="checkbox"/> VETERAN<br><input type="checkbox"/> NEVER SERVED  | <input type="checkbox"/> ACTIVE MILITARY<br><input type="checkbox"/> VETERAN<br><input type="checkbox"/> NEVER SERVED  | <input type="checkbox"/> ACTIVE MILITARY<br><input type="checkbox"/> VETERAN<br><input type="checkbox"/> NEVER SERVED  |
| <b>MARITAL STATUS:</b>                    | <input type="checkbox"/> DIVORCED<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> SINGLE<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> OTHER   | <input type="checkbox"/> DIVORCED<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> SINGLE<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> OTHER   | <input type="checkbox"/> DIVORCED<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> SINGLE<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> OTHER   |
| <b>DISABILITY STATUS:</b>                 | <input type="checkbox"/> NOT DISABLED<br><input type="checkbox"/> DISABLED   | <input type="checkbox"/> NOT DISABLED<br><input type="checkbox"/> DISABLED   | <input type="checkbox"/> NOT DISABLED<br><input type="checkbox"/> DISABLED   |
| <b>PREFERRED LANGUAGE:</b>                |  |  |  |
| <b>ENGLISH PROFICIENCY:</b>               |  |  |  |

Use additional page file if needed (hard copy provided at drop box location)

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| <b>GENDER:</b>                            | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE<br><input type="checkbox"/> OTHER   | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE<br><input type="checkbox"/> OTHER   | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE<br><input type="checkbox"/> OTHER   |
| <b>ETHNICITY:</b>                         | <input type="checkbox"/> HISPANIC<br><input type="checkbox"/> NON - HISPANIC   | <input type="checkbox"/> HISPANIC<br><input type="checkbox"/> NON - HISPANIC   | <input type="checkbox"/> HISPANIC<br><input type="checkbox"/> NON - HISPANIC   |
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| <b>DISABILITY STATUS:</b>                 | <input type="checkbox"/> NOT DISABLED<br><input type="checkbox"/> DISABLED   | <input type="checkbox"/> NOT DISABLED<br><input type="checkbox"/> DISABLED   | <input type="checkbox"/> NOT DISABLED<br><input type="checkbox"/> DISABLED   |
| <b>PREFERRED LANGUAGE:</b>                |  |  |  |
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