

FAMILY MEMBER PROFILE
(COMPLETE COLUMN FOR **EACH HOUSEHOLD MEMBER**)

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

DO YOU RECEIVE FOOD STAMPS ? _____ NO _____ YES, IF SO HOW MUCH ? _____