**Additional Household Demographics**

**Fillable Form**

**Household Member One**

**Name:** **Click or tap here to enter text.**

**Date of Assessment: Click or tap to enter a date.**

**Relationship to Head of Household**: **Choose an item.**

**Gender:** **Choose an item.**

**Gender:** **Choose an item.**

***(Text field below is required when selecting “Different Identity”)***

**If Different Identity, Please Specify: Click or tap here to enter text.**

**Date of Birth: Click or tap here to enter text.**

**Race and Ethnicity:** **Choose an item.**

**Race and Ethnicity: Choose an item.**

**Additional Race and Ethnicity Detail: Click or tap here to enter text.**

**Household Member Two**Click or tap here to enter text.

**Name:** **Click or tap here to enter text.**

**Relationship to Head of Household**: **Choose an item.**

**Gender:** **Choose an item.**

**Gender:** **Choose an item.**

***(Text field below is required when selecting “Different Identity”)***

**If Different Identity, Please Specify: Click or tap here to enter text.**

**Date of Birth: Click or tap here to enter text.**

**Race and Ethnicity: Choose an item.**

**Race and Ethnicity: Choose an item.**

**Additional Race and Ethnicity Detail: Click or tap here to enter text.**

**Household Member Three**

**Name:** **Click or tap here to enter text.**

**Relationship to Head of Household**: **Choose an item.**

**Gender:** **Choose an item.**

**Gender:** **Choose an item.**

***(Text field below is required when selecting “Different Identity”)***

**If Different Identity, Please Specify: Click or tap here to enter text.**

**Date of Birth: Click or tap here to enter text.**

**Race and Ethnicity: Choose an item.**

**Race and Ethnicity: Choose an item.**

**Additional Race and Ethnicity Detail: Click or tap here to enter text.**

**Household Member Four**

**Name:** **Click or tap here to enter text.**

**Relationship to Head of Household**: **Choose an item.**

**Gender:** **Choose an item.**

***(Text field below is required when selecting “Different Identity”)***

**Gender:** **Choose an item.**

***(Text field below is required when selecting “Different Identity”)***

**If Different Identity, Please Specify: Click or tap here to enter text.**

**Date of Birth: Click or tap here to enter text.**

**Race and Ethnicity: Choose an item.**

**Race and Ethnicity: Choose an item.**

**Additional Race and Ethnicity Detail: Click or tap here to enter text.**

**Household Member Five**

**Name:** **Click or tap here to enter text.**

**Relationship to Head of Household**: **Choose an item.**

**Gender:** **Choose an item.**

***(Text field below is required when selecting “Different Identity”)***

**Gender:** **Choose an item.**

***(Text field below is required when selecting “Different Identity”)***

**If Different Identity, Please Specify: Click or tap here to enter text.**

**Date of Birth: Click or tap here to enter text.**

**Race and Ethnicity: Choose an item.**

**Race and Ethnicity: Choose an item.**

**Additional Race and Ethnicity Detail: Click or tap here to enter text.**

**Household Member Six**

**Name:** **Click or tap here to enter text.**

**Relationship to Head of Household**: **Choose an item.**

**Gender:** **Choose an item.**

***(Text field below is required when selecting “Different Identity”)***

**Gender:** **Choose an item.**

***(Text field below is required when selecting “Different Identity”)***

**If Different Identity, Please Specify: Click or tap here to enter text.**

**Date of Birth: Click or tap here to enter text.**

**Race and Ethnicity: Choose an item.**

**Race and Ethnicity: Choose an item.**

**Additional Race and Ethnicity Detail: Click or tap here to enter text.**