

# Additional Household Demographics

## **Printable Form**

**Household Member #1 Name:** \_\_\_\_\_

Relationship to Head of Household: *(circle one)*

- |   |   |
|---|---|
| <input type="radio"/> Self (Head of Household)              | <input type="radio"/> Head of Household's other-relation member (other relation to head of household) |
| <input type="radio"/> Head of Household's Child             | <input type="radio"/> Other: non-relation member  |
| <input type="radio"/> Head of Household's Spouse or Partner | <input type="radio"/> Data not collected  |

Gender: *(circle one or more)*

- |  |  |
|--|--|
| <input type="radio"/> Woman (Girl, if child)                         | <input type="radio"/> Questioning                  |
| <input type="radio"/> Man (Boy, if child)                            | <input type="radio"/> Different Identity           |
| <input type="radio"/> Culturally Specific Identity (e.g. Two-Spirit) | <input type="radio"/> Client doesn't know          |
| <input type="radio"/> Transgender                                    | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Non-Binary                                     | <input type="radio"/> Data not collected           |

If Different Identity, Please Specify: \_\_\_\_\_

Race and Ethnicity: *(circle one or more)*

- |   |   |
|---|---|
| <input type="radio"/> American Indian/Alaska Native or Indigenous | <input type="radio"/> Native Hawaiian or Pacific Islander |
| <input type="radio"/> Asian or Asian American                     | <input type="radio"/> White                               |
| <input type="radio"/> Black/African American or African           | <input type="radio"/> Client doesn't know                 |
| <input type="radio"/> Hispanic/Latina/e/o                         | <input type="radio"/> Client prefers not to answer        |
| <input type="radio"/> Middle Eastern or North African             | <input type="radio"/> Data not collected                  |

Additional Race and Ethnicity Detail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Household Member #2 Name:** \_\_\_\_\_

Relationship to Head of Household: *(circle one)*

- |   |   |
|---|---|
| <input type="radio"/> Self (Head of Household)              | <input type="radio"/> Head of Household's other-relation member (other relation to head of household) |
| <input type="radio"/> Head of Household's Child             | <input type="radio"/> Other: non-relation member  |
| <input type="radio"/> Head of Household's Spouse or Partner | <input type="radio"/> Data not collected  |

Gender: *(circle one or more)*

- |  |  |
|--|--|
| <input type="radio"/> Woman (Girl, if child)                         | <input type="radio"/> Questioning                  |
| <input type="radio"/> Man (Boy, if child)                            | <input type="radio"/> Different Identity           |
| <input type="radio"/> Culturally Specific Identity (e.g. Two-Spirit) | <input type="radio"/> Client doesn't know          |
| <input type="radio"/> Transgender                                    | <input type="radio"/> Client prefers not to answer |
| <input type="radio"/> Non-Binary                                     | <input type="radio"/> Data not collected           |

If Different Identity, Please Specify: \_\_\_\_\_

Race and Ethnicity: *(circle one or more)*

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Client doesn't know
- Client prefers not to answer
- Data not collected

Additional Race and Ethnicity Detail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Household Member #3 Name:** \_\_\_\_\_

Relationship to Head of Household: *(circle one)*

- Self (Head of Household)
- Head of Household's Child
- Head of Household's Spouse or Partner
- Head of Household's other-relation member (other relation to head of household)
- Other: non-relation member
- Data not collected

Gender: *(circle one or more)*

- Woman (Girl, if child)
- Man (Boy, if child)
- Culturally Specific Identity (e.g. Two-Spirit)
- Transgender
- Non-Binary
- Questioning
- Different Identity
- Client doesn't know
- Client prefers not to answer
- Data not collected

If Different Identity, Please Specify: \_\_\_\_\_

Race and Ethnicity: *(circle one or more)*

- American Indian/Alaska Native or Indigenous
- Asian or Asian American
- Black/African American or African
- Hispanic/Latina/e/o
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Client doesn't know
- Client prefers not to answer
- Data not collected

Additional Race and Ethnicity Detail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Household Member #4 Name:** \_\_\_\_\_

Relationship to Head of Household: *(circle one)*

- Self (Head of Household)
- Head of Household's Child
- Head of Household's Spouse or Partner
- Head of Household's other-relation member (other relation to head of household)
- Other: non-relation member
- Data not collected

**Gender:** *(circle one or more)*

- Woman (Girl, if child)**
- Man (Boy, if child)**
- Culturally Specific Identity (e.g. Two-Spirit)**
- Transgender**
- Non-Binary**
- Questioning**
- Different Identity**
- Client doesn't know**
- Client prefers not to answer**
- Data not collected**

If Different Identity, Please Specify: \_\_\_\_\_

**Race and Ethnicity:** *(circle one or more)*

- American Indian/Alaska Native or Indigenous**
- Asian or Asian American**
- Black/African American or African**
- Hispanic/Latina/e/o**
- Middle Eastern or North African**
- Native Hawaiian or Pacific Islander**
- White**
- Client doesn't know**
- Client prefers not to answer**
- Data not collected**

Additional Race and Ethnicity Detail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_