

HOUSEHOLD MEMBER WORKSHEET

Please Complete for Every Household Member

First, Middle, Last Name	Relationship to Household	Gender	If different, please specify:	Race and Ethnicity	Additional Race and Ethnicity Detail	Date of Birth
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Key:

Relationship to Head of Household:

- Self
- 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:

- 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

Race and Ethnicity:

- 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