myHealth Demographics Form

Label Here

Name- (Legal/Full):

______________________________________ **Nickname**____________ **Signature**_______________
(Last) (First) (MI)

Birth Date: _____________ **Gender**: ____ **SS #**________-_____ -________
Address: ___________________________________ **City**: ______________________ **County**:
________________ **State:** __________ **Zip Code:** ________________

Are you 17 or younger? YES NO
IF YES:
Do you live apart from your parents? YES NO
Do you live with a legal guardian who is not your parent? YES NO

Do you have stable housing? YES NO
Do you have access to reliable transportation on a day-to-day basis? YES NO
☐ Car ☐Bus/light rail ☐Bike ☐Other _______________________

We need the following information for our funding reports:

What is your race? [1]☐African/Black [2]☐African American/Black [3]☐Asian/South East Asian [4]☐American Indian/Native American [5]☐Multi-racial/Bi-racial [6]☐ White [7]☐Other [8]☐Other Pacific Islander or Native Hawaiian

What is your ethnicity? [1]☐Latino/Hispanic [2]☐Not Latino/Hispanic

How did you hear about myHealth? [1]☐Ad (Code:______________) [2]☐ Church/Synagogue/Other Faith Community [3]☐ Community Event/Parade [4]☐ Drive-by/Walk-in [5]☐ Facebook/Twitter/YouTube [6]☐ Family Member Referral 7☐Friend Referral [8]☐ Phone/Text/App [9]☐Physician Referral [10]☐ Poster [11]☐School Nurse/Counselor Referral [12]☐School Speaker [13]☐TV/Radio [14]☐Website [15]☐Other__________________

What school do you go to (if any)? ____________________________________

Preferred Language? __________________

Payment/income information (required): Our fees are based on your income and you may be eligible to receive services at no cost. Please provide the following information:

Are you employed/have a job? ☐ Yes ☐ No

Number of hours on average you work per WEEK: ___________ hours

Amount you make per HOUR: $___________

Are you married? ☐ Yes ☐ No

Number of children you have __________

I attest that this information is accurate:

Signature____**Date**______________