



Demographics Form

Name (Legal/Full):

(Last) (First) (MI) **Nickname** _____

Birth Date: _____ Sex: _____ Gender: _____ Pronouns: _____

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? African/Black African American/Black Asian/South East Asian
 American Indian/Native American Multi-racial/Bi-racial White Other Other Pacific Islander or Native Hawaiian

What is your ethnicity? Latino/Hispanic Not Latino/Hispanic

How did you hear about myHealth? Ad (Code: _____) Church/Synagogue/Other Faith Community
 Community Event/Parade Drive-by/Walk-in Facebook/Twitter/YouTube
 Family Member Referral Friend Referral Phone/Text/App Physician Referral Poster
 School Nurse/Counselor Referral School Speaker TV/Radio Website
 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** _____