



Demographics Form

Name:

Birth Date: _____

_____ (Last) (First) (MI)

Is your legal name different? YES NO

IF YES:

Please enter your full legal name:

_____ (Last) (First) (Middle)

Sex: _____ Gender: _____ Pronouns: _____ Sexual Orientation: _____

SS # _____ - _____ - _____ Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

If you are 17 or younger, do you live apart from your parents? YES NO

If you are 17 or younger, 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 Latinx/Hispanic ² Not Latinx/Hispanic

How did you hear about myHealth? ¹ Community Event/Parade ² Drive-by/Walk-in ³ Family Member Referral
⁴ Friend Referral ⁵ Internet Search/Website ⁶ myHealth Educator Presentation
⁷ Physician Referral ⁸ School Nurse/Counselor Referral ⁹ Social Media ¹⁰ 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** _____