



Community Health Connections

We take great care of you!

We are required, as a community health center, to collect data each year about the patients we serve. Your personal identity information (Name and date of birth) is highly confidential and will not be included in the survey results or reported to any agency. (January 2021)

Name _____ Date of birth _____

What is your current gender identity? Please check one.

Female Male Choose not to disclose Unknown

Transgender Male / Trans Man / Female to Male (FTM)

Transgender Female / Trans Woman / Male to Female (MTF)

Additional Gender Category (or Other), please specify: _____

What sex were you assigned at birth on your original birth certificate? Please check one.

Female Male Choose not to disclose

Do you think of yourself as (Please check one):

Heterosexual or straight Lesbian, gay or homosexual Bisexual Something else

Unknown Choose not to disclose

Please put an X next to the race(s) that best represent you.

Asian Native Hawaiian Pacific Islander Black/African American

White American Indian / Native American or Alaska Native Unreported/Refused

Please put an X next to the ethnicity that best represents you.

Hispanic or Latino Not Hispanic or Latino Unreported/Refused

Are you a Veteran? Yes No

What language do you prefer? _____

How many family members in your household? _____

What is your annual (yearly) income \$ _____ **OR monthly income \$** _____

Please put an X next to your current housing status.

Doubled up (living with someone because you lost your house or are having financial difficulties)

Transitional Housing (temporary housing such as motel, YMCA, hotel, or camp ground)

Homeless Shelter

Street (living in a private or public place not ordinarily used for sleeping such as a car, park, abandoned building, or bus/train station)

Own or rent residence

Is your housing status? Section 8 Public Housing Not Public Housing

Are you a migrant worker? No Migratory Seasonal

Thank you for your assistance!