



Intake & Privacy Form

Personal Information (Please Print)

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ **Work #:** _____

Cell #: _____ **Email:** _____

Social Security #: _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Place of Birth: _____ **U.S. Citizen:** Yes _____ No _____

Driver's License #: _____ **Alien #:** _____

Household Members #: _____ **Annual Household Income:** _____

Please Check All That Apply

Race/Ethnicity:

- Black or African American
- Asian
- White
- Native-American or Alaskan
- Native Hawaiian or Pacific Islander
- Hispanic/Latinx
- Two or more races

Age:

- 18-24
- 25-64
- 65+

Gender Identity:

- Female
- Male
- Non-Binary
- Transgender
- Intersex
- My identifier is not listed above.

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Please Check All That Apply (Continued)

Do you consider yourself part of the LGBTQIA+ community?

- Yes
- No

Have you ever served in the U.S. Military?

- Yes, I am a veteran.
- Yes, I am active military or in the reserves.
- No, I have not served in the military.

Do you self-identify as a person with a disability? You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Autism • Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS • Blind or low vision • Cancer • Cardiovascular or heart disease | <ul style="list-style-type: none"> • Celiac disease • Cerebral palsy • Depression or anxiety • Diabetes • Epilepsy • Gastrointestinal disorders such as Crohn's or irritable bowel syndrome • Intellectual disability | <ul style="list-style-type: none"> • Missing limbs or partially missing limbs • Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS) • Psychiatric condition, for example bipolar disorder, schizophrenia, PTSD, or major depression |
|--|--|--|

- Yes, I have a disability, or have a history/record of having a disability.
- No, I don't have a disability, or a history/record of having a disability.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Reviewed by: _____

Comments: _____
