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| \*\*YOUR HOUSEHOLD MEMBERS\*\*  *(Do not include yourself)*  If you have more than TWO (2) additional members in your household, please let a staff member know. |
| **\* Last Name: \* First Name**:  **\* Date of Birth:** / / (mm/dd/yyyy) Estimated Birthdate? 🞏 YES  \* **Gender:**  🞏 Male 🞏 Female 🞏 Transgendered 🞏 Non Binary/Third Gender 🞏 Rather Not Say  **\* Relationship to Me:**  🞏 Spouse 🞏 Sibling 🞏 Child 🞏 Parent 🞏 Grandchild 🞏 Grandparent 🞏 Roommate  🞏 Boyfriend/Girlfriend 🞏 Friend 🞏 Partner 🞏 Ward 🞏 Prefer Not to Say 🞏 Other  \* **Ethnicity:**  🞏 White/Anglo 🞏 Asian 🞏 Middle Eastern/North African 🞏 American Indian/Native American  🞏 Black/African American 🞏 Hispanic/Latino(a) 🞏 Prefer Not to Say 🞏 Other 🞏 None  \* **Do Any of the Following Apply to This Person:**  🞏 Breastfeeding 🞏 Postpartum 🞏 Veteran 🞏 Disability 🞏 History of Homelessness  🞏 Evacuee 🞏 Pregnant 🞏 Refugee 🞏 Prefer Not to Say 🞏 Other 🞏 None |
| **\* Last Name: \* First Name:**  **\* Date of Birth:** / / (mm/dd/yyyy) Estimated Birthdate? 🞏 YES  \* **Gender:**  🞏 Male 🞏 Female 🞏 Transgendered 🞏 Non Binary/Third Gender 🞏 Rather Not Say  **\* Relationship to Me:**  🞏 Spouse 🞏 Sibling 🞏 Child 🞏 Parent 🞏 Grandchild 🞏 Grandparent 🞏 Roommate  🞏 Boyfriend/Girlfriend 🞏 Friend 🞏 Partner 🞏 Ward 🞏 Prefer Not to Say 🞏 Other  \* **Ethnicity:**  🞏 White/Anglo 🞏 Asian 🞏 Middle Eastern/North African 🞏 American Indian/Native American  🞏 Black/African American 🞏 Hispanic/Latino(a) 🞏 Prefer Not to Say 🞏 Other 🞏 None  \* **Do Any of the Following Apply to This Person:**  🞏 Breastfeeding 🞏 Postpartum 🞏 Veteran 🞏 Disability 🞏 History of Homelessness  🞏 Evacuee 🞏 Pregnant 🞏 Refugee 🞏 Prefer Not to Say 🞏 Other 🞏 None |