

****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) Is this an estimated birthdate? YES

* **Gender:**

Male Female Transgendered Non Binary/Third Gender/Other Prefer Not to Say

* **Relationship to Me:**

Spouse Child Parent Sibling Grandchild Grandparent Other Relative
 Boyfriend/Girlfriend Friend Roommate Prefer Not to Say Ward Other

* **Ethnicity:**

White/Anglo Black/African Hispanic/Latino(a) American Indian/Native American Asian
 Alaska Native/Aleut/Eskimo Middle-Eastern/North-African Pacific Islander
 Prefer Not to Say Other None

* **Do Any of the Following Apply to This Person:**

Breastfeeding Evacuee History of Homelessness Postpartum Pregnant
 Refugee Disability Veteran Other None Prefer Not to Say

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