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| --- | --- | --- | --- | --- | --- | --- |
| **COMMON DEMOGRAPHICS** | | | | | | |
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| *Program Staff: Use current client chart and complete and/or update remaining questions via client interview.* | | | | | | |
|  | | | | | | |
| **Date:** Click here to enter a date. | | | **Client Chart Number:** Click or tap here to enter text. | | | |
| **AIRS ID:** Click or tap here to enter text. | | | *If applicable,* **NYSID:** Click or tap here to enter text. | | | |
| **Suffix:** *(Select one, if applicable)* Choose an item. (Specify: Click or tap here to enter text.) | | | | | | |
|  | | | | | | |
| **Gender Pronouns:** *Read all of the response options below, then check only one.* | | | | | | |
| Choose an item.  (Please specify): Click or tap here to enter text. | | | | | | |
|  | | | | | | |
| **Last Name:** Click or tap here to enter text. | | **First Name:** Click or tap here to enter text. | | | **Middle Name:** Click or tap here to enter text. | |
|  | | | | | | |
| **Alias/A.K.A. Names** *(Include any other first names, middle names, or last names used)* | | | | | | |
| |  |  |  | | --- | --- | --- | | Alias First Names | Alias Middle Names | Alias Last Names | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | |
| **Social Security Number:** 000-00-0000 | | | | **Date of Birth:**       (MM/DD/YYYY) | | |
|  | | | |  | | |
| **Current Gender Identity:** *(Check only one)*  Choose an item. | | | | | | |
| **Sex Assigned at Birth:** *(Check only one)*  Choose an item. | | | | | | |
|  | | | | | | |
| **Currently Homeless?** Choose an item. | | | | | | |
|  | | | | | | |
| *If Yes to “Currently Homeless,” please enter the required ZIP based on where the client spends the most time.* | | | | | | |
| **CURRENT HOME ADDRESS** | | | | | | |
| **Street:** Click or tap here to enter text. | | | **Apt./Unit:** Click or tap here to enter text. | | | |
| **City:** Click or tap here to enter text. | | | **State:** Click or tap here to enter text. | | | **Zip:**00000 |
|  | | |  | | |  |
|  | | | | | | |
| **PERMANANENT/MAILING ADDRESS** Same as Current Home Address | | | | | | |
| **Street:** Click or tap here to enter text. | | | **Apt./Unit:** Click or tap here to enter text. | | | |
| **City:** Click or tap here to enter text. | | | **State:** Click or tap here to enter text. | | | **Zip:** 00000 |
| **Primary phone number:** (000)000-0000 | **Alternate phone number:** (000) 000-0000 | | | | | **Email address:** Click or tap here to enter text. |
|  | | | | | | |
| **Contact Preferences:** *(Check all that apply)* Current residence address Permanent/mailing address | | | | | | |
| Primary phone number  Alternate phone number  Email address | | | | | | |

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| **Race:** *(Check all that apply)* |
| Black White Asian Native Hawaiian/Pacific Islander American Indian/Alaskan Native |
| Other (Specify:Click or tap here to enter text.) Unknown Declined |
|  |
| *(If “Asian” selected)* **Asian Detail:** *(Check all that apply)* |
| Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian |
|  |
| *(If “Native Hawaiian/Pacific Islander” selected)* **Native Hawaiian/Pacific Islander Detail:** *(Check all that apply)* |
| Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander |
|  |
|  |
| **Ethnicity:** *(Check only one)*  Choose an item. |
|  |
| *(If “Hispanic” selected)* **Hispanic Ethnicity Detail:** *(Check all that apply)* |
| Mexican, Mexican-American, Chicano/a  Puerto Rican  Dominican Cuban |
| Another Hispanic, Latino/a, or Spanish origin |
|  |
|  |
| **Sexual Orientation:** *(Check only one)*  Choose an item. |
| (Please specify): Click or tap here to enter text. |

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| **Program Staff Completing Form:**  Click or tap here to enter text. | **Signature:** Click here to enter text. | **Date:**  Click or tap to enter a date. |