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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)* |
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| --- | --- | --- |
| 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. |

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| **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. |