

Откуда вы узнали о рынке Park-It?  WVCS  Другие некоммерческие  211  продовольственный банк  домовладелец  Другой \_\_\_\_\_

**ИНФОРМАЦИЯ О ПРОФИЛЕ ВЗРОСЛОГО**

Имя : \_\_\_\_\_ Фамилия : \_\_\_\_\_

Дата рождения : \_\_\_\_\_ телефон : (\_\_\_\_\_) \_\_\_\_\_

электронная почта: \_\_\_\_\_

Адрес: \_\_\_\_\_

Город: \_\_\_\_\_ Состояние: CA Почтовый индекс : \_\_\_\_\_

<p>Настоящим подтверждаю, что я (мы) проживаю(-ем) по указанному адресу с (год) _____.</p> <p><input type="checkbox"/> Арендовать (НЕТ субсидии) } ежемесячно арендовать \$ _____</p> <p><input type="checkbox"/> Rent (с субсидией) }</p> <p><input type="checkbox"/> Раздел 8 }</p> <p><input type="checkbox"/> Я владею резиденцией.</p> <p><input type="checkbox"/> Оставайтесь с семьей/друзьями</p>	<p><b>Тип домохозяйства:</b></p> <p><input type="checkbox"/> Single взрослый</p> <p><input type="checkbox"/> Семья с ребенком (дети)</p> <p><input type="checkbox"/> Семья без детей</p>	<p><b>Жилищный статус:</b></p> <p><input type="checkbox"/> Постоянное место жительства</p> <p><input type="checkbox"/> скоро потерять свой дом</p> <p><input type="checkbox"/> бездомный</p>
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<p><b>Пол:</b></p> <p><input type="checkbox"/> Женский <input type="checkbox"/></p> <p><input type="checkbox"/> Мужской <input type="checkbox"/></p> <p><input type="checkbox"/> Трансгендер F-M <input type="checkbox"/></p> <p><input type="checkbox"/> Трансгендер M-F <input type="checkbox"/></p> <p><input type="checkbox"/> Другой <input type="checkbox"/></p> <p><input type="checkbox"/> Неизвестный</p>	<p><b>Семейное положение:</b></p> <p><input type="checkbox"/> Одинокий(-ая)</p> <p><input type="checkbox"/> Женатый</p> <p><input type="checkbox"/> Раздельное жительство</p> <p><input type="checkbox"/> Разведен(а)</p> <p><input type="checkbox"/> Сожитель/сожительница</p> <p><input type="checkbox"/> Овдовела</p>	<p><b>Primary Language:</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>I speak English:</b></p> <p><input type="checkbox"/> Fluent</p> <p><input type="checkbox"/> Semi-Fluent</p> <p><input type="checkbox"/> Not Fluent</p>
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<p><b>Are you of Hispanic Origin?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><b>Primary Ethnicity:</b></p> <p><input type="checkbox"/> American Indian/Alaska Native</p> <p><input type="checkbox"/> Asian _____</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> American Indian/Alaskan Native and White</p> <p><input type="checkbox"/> Asian and White</p> <p><input type="checkbox"/> Black/African and White</p> <p><input type="checkbox"/> Other Multi-Racial</p> <p><input type="checkbox"/> Decline</p>	<p><b>Are you Disabled?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please check all that apply)</p> <p><input type="checkbox"/> Alcohol Abuse</p> <p><input type="checkbox"/> Drug Abuse</p> <p><input type="checkbox"/> Mental Health Struggles</p> <p><input type="checkbox"/> Developmental Disabilities</p> <p><input type="checkbox"/> Physical Disabilities</p> <p><input type="checkbox"/> Chronic Health Condition</p> <p><input type="checkbox"/> HIV / AIDS</p> <p><input type="checkbox"/> Other _____</p>
<p><b>Are you a veteran?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		

<p><b>Highest Education Level:</b></p> <p><input type="checkbox"/> Elementary School / Middle School</p> <p><input type="checkbox"/> High School / GED</p> <p><input type="checkbox"/> Some College / Community College</p> <p><input type="checkbox"/> College Degree (AA/AS/BA/BS Degree)</p> <p><input type="checkbox"/> Graduate Degree (MA/MS)</p> <p><input type="checkbox"/> Higher Degree (MBA/PhD)</p> <p><input type="checkbox"/> No School</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>Employment Status:</b></p> <p><input type="checkbox"/> Full Time (35+ hrs/wk)</p> <p><input type="checkbox"/> Part-Time (less than 35 hrs/wk)</p> <p><input type="checkbox"/> Full-time homemaker</p> <p><input type="checkbox"/> Unemployed (seeking work)</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Disabled (not in the labor force)</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Unemployed (not seeking work)</p> <p><input type="checkbox"/> Decline</p>	<p><b>Medical Insurance:</b></p> <p><input type="checkbox"/> Medi-Cal</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Private Insurance</p> <p><input type="checkbox"/> Work Insurance</p> <p><input type="checkbox"/> No Medical Insurance</p>
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<p style="text-align: center;"><b><u>Do you receive Special Nutrition (WIC):</u></b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p style="text-align: center;"><b><u>Do you receive CalFresh:</u></b></p> <p><input type="checkbox"/> Yes—Monthly Amount \$ _____</p> <p><input type="checkbox"/> No</p>
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<p><b>Total Monthly Income:</b> \$ _____</p> <p><b>Total Annual Income:</b> \$ _____</p>	<p style="text-align: center;"><b><u>Other income sources:</u></b></p> <p><input type="checkbox"/> SSI      <input type="checkbox"/> GA      <input type="checkbox"/> SSDI      <input type="checkbox"/> Pension</p> <p><input type="checkbox"/> Earned Income      <input type="checkbox"/> Other _____</p>
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**Please list all OTHER people in your household**

Name (First and Last)	Date of Birth	Relationship: (spouse, child, friend)

**Please answer the following ONLY IF you are homeless:**

<p>Last permanent zip code: _____</p> <p>What City did you sleep in last night? _____</p> <p>Where did you sleep last night?</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Place not meant for human habitation (street, park, etc.)</p> <p><input type="checkbox"/> Hotel/motel (no voucher)</p> <p><input type="checkbox"/> Transitional Housing / Safe Haven</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><b><u>Extent of Homelessness:</u></b></p> <p><input type="checkbox"/> 1 week or less</p> <p><input type="checkbox"/> More than 1 week but less than 1 month.</p> <p><input type="checkbox"/> 1-3 months</p> <p><input type="checkbox"/> More than 3 months but less than 1 year.</p> <p><input type="checkbox"/> More than 1 year.</p>
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I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that completion of this form does not guarantee financial or other assistance from WVCS. WVCS is required by funders to report aggregate data of clients we serve annually. WVCS takes utmost care to ensure confidentiality i.e. clients' personal information or identifying information is not shared with funders or in any annual reports. I hereby authorize West Valley Community Services, Inc., to review and discuss pertinent information with other agencies and professionals involved in assisting me with needed services. I hereby release West Valley Community Services, Inc., from any liability pertaining to the above. I have read and understand the above and signed this release of information voluntarily.

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Print Name Signature Date