



How did you hear about the Park-It Market? WVCS Other non-profit 211 Food Bank Landlord Other _____

Adult Profile Information

I have lived at this address since (year) _____.

Rent (NO subsidy)

} My monthly rent is \$ _____

Household Type:

- Single Adult
- Household with children
- Household No Children

Household Status:

- Stably Housed
- Unstably Housed / Imminently losing housing
- Literally Homeless

Gender:

- Female
- Male
- Transgender F-M
- Transgender M-F
- Other
- Unknown

Marital Status:

- Single
- Married
- Separated
- Divorced
- Domestic Partner
- Widowed

Primary Language:

- English
- Chinese
- Russian
- Spanish
- Vietnamese
- Other: _____

I speak English:

- Fluent
- Semi-Fluent
- Not Fluent

Are you of Hispanic Origin?

- Yes
- No
- Rent with Section 8
- I Own the Residence.
- Stay with family/friends

Primary Ethnicity:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- American Indian/Alaskan Native and White
- Asian and White
- Black/African and White
- Other Multi-Racial
- Decline

Are you Disabled?

- No
- Yes (please check all that apply)
 - Alcohol Abuse
 - Drug Abuse
 - Mental Health Struggles
 - Developmental Disabilities
 - Physical Disabilities
 - Chronic Health Condition
 - HIV / AIDS
 - Other _____

Are you a veteran?

- Yes
- No

Highest Education Level:

- Elementary School / Middle School
- High School / GED
- Some College / Community College
- College Degree (AA/AS/BA/BS Degree)
- Graduate Degree (MA/MS)
- Higher Degree (MBA/PhD)
- No School
- Other: _____

Employment Status:

- Full Time (35+ hrs/wk)
- Part-Time (less than 35 hrs/wk)
- Full-time homemaker
- Unemployed (seeking work)
- Retired
- Disabled (not in the labor force)
- Student
- Unemployed (not seeking work)
- Decline

Medical Insurance:

- Medi-Cal
- Medicare
- Private Insurance
- Work Insurance
- No Medical Insurance



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Do you receive Special Nutrition (WIC):

Yes
 No

Do you receive CalFresh:

Yes—Monthly Amount \$ _____
 No

Total Monthly Income: \$ _____
Total Annual Income: \$ _____

Other income sources:

SSI GA SSDI Pension
 Earned Income Other _____

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:

Last permanent zip code: _____
 What City did you sleep in last night? _____
 Where did you sleep last night?
 Emergency Shelter
 Place not meant for human habitation (street, park, etc.)
 Hotel/motel (no voucher)
 Transitional Housing / Safe Haven
 Other: _____

Extent of Homelessness:

1 week or less
 More than 1 week but less than 1 month.
 1-3 months
 More than 3 months but less than 1 year.
 More than 1 year.

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.