

## CHECK ALL BOXES THAT APPLY

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

### Adult Profile Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

I have lived at this address since (year): \_\_\_\_\_

<input type="checkbox"/> Rent (NO subsidy) <input type="checkbox"/> Rent (WITH subsidy) <input type="checkbox"/> Rent with <u>Section 8</u> <input type="checkbox"/> I own the residence <input type="checkbox"/> Stay with family/friends	My monthly rent is \$ _____	<b><u>Household Type</u></b> <input type="checkbox"/> Single Adult <input type="checkbox"/> Household with children <input type="checkbox"/> Household No children	<b><u>Household Status</u></b> <input type="checkbox"/> Stably Housed <input type="checkbox"/> Unstably housed/Imminently losing housing <input type="checkbox"/> Literally Homeless
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<b><u>Gender</u></b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender F-M <input type="checkbox"/> Transgender M-F <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b><u>Marital Status</u></b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed	<b><u>Primary Language</u></b> <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	<b><u>I speak English</u></b> <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Not Fluent
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<b><u>Are you of Hispanic origin?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b><u>Are You a Veteran?</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Primary Ethnicity</u></b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African and White <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Decline	<b><u>Are You Disabled?</u></b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please fill in all that apply) <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Mental Health Struggles <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Chronic Health Condition <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Other _____
<b><u>Highest Education Level</u></b> <input type="checkbox"/> Elementary School/Middle School <input type="checkbox"/> High School / GED <input type="checkbox"/> Some College / Community College <input type="checkbox"/> College Degree (BA/BS) <input type="checkbox"/> Graduate Degree (MA/MS) <input type="checkbox"/> Higher Degree (MBA/PhD) <input type="checkbox"/> No School <input type="checkbox"/> Other Education	<b><u>Employment Status</u></b> <input type="checkbox"/> Full Tim (35+ hrs/wk) <input type="checkbox"/> Part Time (less than 35 hrs/wk) <input type="checkbox"/> Full Time Homemaker <input type="checkbox"/> Unemployed (seeking work) <input type="checkbox"/> Retired <input type="checkbox"/> Disabled (not in the labor force) <input type="checkbox"/> Student <input type="checkbox"/> Unemployed (not seeking work) <input type="checkbox"/> Decline	<b><u>Medical Insurance</u></b> <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> Work Insurance <input type="checkbox"/> No Medical Insurance

# Park-It Market registration form

**CHECK ALL BOXES**  
**THAT APPLY**



Location: \_\_\_\_\_

Date received: \_\_\_\_\_

<p><b>Do you receive Special Nutrition (WIC):</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>Do you receive CalFresh:</b></p> <p><input type="checkbox"/> Yes—Monthly Amount: \$_____</p> <p><input type="checkbox"/> No</p>
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<b>Total Monthly Income:</b> \$ _____  <b>Total Annual Income:</b> \$ _____	<b>Other Income Sources:</b> <input type="checkbox"/> SSI <input type="checkbox"/> GA <input type="checkbox"/> SSDI <input type="checkbox"/> Pension <input type="checkbox"/> Earned Income <input type="checkbox"/> Other
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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 type of lodging</p>	<p><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.

Print name

Signature

Date \_\_\_\_\_