

4. Do you have medical insurance?
 Yes. If yes, what type of insurance do you have (Medi-Cal, VA, private, etc.)? _____
 No
5. Are you currently being treated for any medical condition(s) or have any disabilities?
 Yes. If yes, please list: _____
 No
6. Gender:
 Male Transgender male/Transman/FTM Gender Queer Other _____
 Female Transgender Female/Transwoman/MTF Decline to state
7. Sexual orientation:
 Straight Lesbian Other _____
 Gay Bisexual Decline to state
8. Ethnicity:
 Hispanic or Latino Not Hispanic or Latino Decline to state
9. Race:
 White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian/Other Pacific Islander Decline to state
10. Marital Status:
 Single Married Separated Divorced Widowed Decline to state
11. Do you have children?
 Yes No Decline to state
12. What is your major? _____
13. Do you have sufficient access to meals?
 Yes No Decline to state
14. Do you have reliable housing?
 Yes No Decline to state
15. Do you belong to one or more of the following programs/groups (circle all that apply)?
*EOPS / Former Foster Youth / International Student / Promise Program / Umoja / Veteran /
 Received Armed Services Benefits / CalWorks / Price Scholar / Formerly Incarcerated / Puente / HUBU /
 Receive SSI*
16. How did you hear about us? _____

For office use only:

Entered into Titanium

Hard chart status