

This form gives us more information about you and your family. Your answers will help us put more support services in place in the future.

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|---|--|--|--|--|--|--|
|  | Has the lack of transportation kept you from medical appointments or from getting medications? | <input type="radio"/> Yes | <input type="radio"/> No | | | |
|  | Within the past 12 months we worried whether our food would run out before we got money to buy more. | <input type="radio"/> Never True | <input type="radio"/> Sometimes True | <input type="radio"/> Often True | | |
| | Within the past 12 months the food we bought just didn't last and we didn't have money to get more. | <input type="radio"/> Never True | <input type="radio"/> Sometimes True | <input type="radio"/> Often True | | |
|  | What is your housing situation today? | <input type="radio"/> I do not have housing <i>(staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)</i> | <input type="radio"/> I have housing | <input type="radio"/> I choose not to answer | | |
| | How many times have you moved in the past 12 months? | <input type="radio"/> Three or more times | <input type="radio"/> Two times | <input type="radio"/> One time | <input type="radio"/> Zero (I did not move) | <input type="radio"/> I choose not to answer |
| | Are you worried that in the next 2 months, you may not have your own housing to live in? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I choose not to answer | | |
|  | Do you have trouble paying your heating or electricity bill? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I choose not to answer | | |
|  | Do you have trouble paying for medicines? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I choose not to answer | | |
|  | Are you currently unemployed and looking for work? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I choose not to answer | | |
|  | Are you interested in more education? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I choose not to answer | | |
|  | Do you have trouble with childcare or the care of a family member? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> I choose not to answer | | |
|  | Would you like information today about any of the following topics? | | | | | |
| <input type="checkbox"/> |  Transportation | <input type="checkbox"/> |  Food | <input type="checkbox"/> |  Housing | |
| <input type="checkbox"/> |  Paying utility bills | <input type="checkbox"/> |  Paying for medications | <input type="checkbox"/> |  Job search or training | |
| <input type="checkbox"/> |  Education | <input type="checkbox"/> |  Childcare | <input type="checkbox"/> |  Care for elder or disabled | |
| In the last 12 months, have you received assistance from an organization or program to help you with any of the following: | | | | | | |
| <input type="checkbox"/> |  Transportation | <input type="checkbox"/> |  Food | <input type="checkbox"/> |  Housing | |
| <input type="checkbox"/> |  Paying utility bills | <input type="checkbox"/> |  Paying for medications | <input type="checkbox"/> |  Job search or training | |
| <input type="checkbox"/> |  Education | <input type="checkbox"/> |  Childcare | <input type="checkbox"/> |  Care for elder or disabled | |