

Questionnaire



We are a community health center and are required to request income information from all patients. This information helps us to provide services to you and receive grant funding to assist you. Please complete this form, all answers are confidential and are not shared with any other organization or program.

Responsible Person/ Guarantor

Last Name:

First Name:

Date:

1. How many people are living in your household?
2. Estimated yearly household income (check the most accurate box below):

-
- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> \$0-5,000 | <input type="checkbox"/> \$25,001-30,000 | <input type="checkbox"/> \$50,001-55,000 | <input type="checkbox"/> \$75,001-80,000 | <input type="checkbox"/> \$100,001-110,000 |
| <input type="checkbox"/> \$5,001-10,000 | <input type="checkbox"/> \$30,001-35,000 | <input type="checkbox"/> \$55,001-60,000 | <input type="checkbox"/> \$80,001-85,000 | <input type="checkbox"/> \$110,001-120,000 |
| <input type="checkbox"/> \$10,001-15,000 | <input type="checkbox"/> \$35,001-40,000 | <input type="checkbox"/> \$60,001-65,000 | <input type="checkbox"/> \$85,001-90,000 | <input type="checkbox"/> \$120,001-130,000 |
| <input type="checkbox"/> \$15,001-20,000 | <input type="checkbox"/> \$40,001-45,000 | <input type="checkbox"/> \$65,001-70,000 | <input type="checkbox"/> \$90,001-95,000 | <input type="checkbox"/> \$130,001-140,000 |
| <input type="checkbox"/> \$20,001-25,000 | <input type="checkbox"/> \$45,001-50,000 | <input type="checkbox"/> \$70,001-75,000 | <input type="checkbox"/> \$95,001-100,000 | <input type="checkbox"/> Other _____ |
- Declined to disclose

3. Please select the option that most accurately represents your living situation:

- Not Homeless
- At risk of homelessness
- Currently not homeless, was in the last 12 months
- Living in a shelter
- Living with others
- Permanent support housing
- Single occupancy hotel
- Street, camp, bridge
- Transitional housing

4. Are you a Migrant or Seasonal Farmworker

- No
- Yes, Migrant Farmworker
- Yes, Seasonal Farmworker

Questionario



Somos un centro de salud comunitario y estamos obligados a recopilar información sobre los ingresos de todos los pacientes. Esta información nos ayuda a proporcionar servicios a usted y obtener fondos de subvención para ayudarle. Por favor complete este formulario, todas las respuestas son confidenciales y no serán compartidas con ninguna otra organización o programa.

Persona Responsable? Garante

Apellido:

Nombre:

Fecha:

1. ¿Cuántas personas viven en su hogar?

2. Ingresos estimados del hogar: (marque la casilla más precisa a continuación) en dólares

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> \$0-5,000 | <input type="checkbox"/> \$25,001-30,000 | <input type="checkbox"/> \$50,001-55,000 | <input type="checkbox"/> \$75,001-80,000 | <input type="checkbox"/> \$100,001-110,000 |
| <input type="checkbox"/> \$5,001-10,000 | <input type="checkbox"/> \$30,001-35,000 | <input type="checkbox"/> \$55,001-60,000 | <input type="checkbox"/> \$80,001-85,000 | <input type="checkbox"/> \$110,001-120,000 |
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| <input type="checkbox"/> \$15,001-20,000 | <input type="checkbox"/> \$40,001-45,000 | <input type="checkbox"/> \$65,001-70,000 | <input type="checkbox"/> \$90,001-95,000 | <input type="checkbox"/> \$130,001-140,000 |
| <input type="checkbox"/> \$20,001-25,000 | <input type="checkbox"/> \$45,001-50,000 | <input type="checkbox"/> \$70,001-75,000 | <input type="checkbox"/> \$95,001-100,000 | <input type="checkbox"/> Other _____ |
- Declined to disclose

3. Seleccione la opción que mejor represente su situación de hogar:

- Con Hogar
- En riesgo de quedar sin hogar
- Veterano en riesgo de quedarse sin hogar
- Vive en un refugio
- Vive con otros
- Vivienda de apoya permanente
- Hotel de ocupación individual
- Calle, campamento, puente
- Vivienda de transición

4. Es usted un trabajador de agricultura migrante de temporales?

- No
- Si, trabaja de agricultura migrante
- Si, trabaja de agricultura temporal