

This information is kept completely confidential and assures HEP is in compliance with federal standards so we can demonstrate which populations we serve. If you have any questions, please ask! Many Thanks! – www.HourExchangePortland.org

Name:

Date:

Date of Birth:

Employment status (check all that apply):

Please check one:

Female Male Transgender

Full-time

Part-time

Self-employed

Unemployed

Retired

Student, full time

Student, part time

Please check all that apply:

Asian American

White/Caucasian

Latino/Hispanic

Native American

Black/African-American

South Pacific Islander

Middle Eastern

Mixed

Other (please specify) _____

Level of Education:

11th grade or lower

High School/GED

Some college

Associate's Degree

Bachelor's Degree

Master's Degree

Doctorate

Military Service

Complementary/Alternative

Licensed Health Care Professional

Mainstream/Allopathic Licensed

Health Care Professional

Other (please specify) _____

Please check all that apply:

I have minor children (under 18)

I have adult children (over 18)

I don't have any children

I am a single parent

I am married

I am a minor

How many children under 18 currently reside in your household? _____

Please check all that apply:

I have my own car

I have access to a vehicle I can drive

I walk

I ride a bike

I ride the bus

Other (please specify) _____

How many people in your household are financially supported by you (including yourself)? _____

Household Yearly Income

(please check one):

less than \$11,000

\$11,000-\$14,999

\$15,000-\$19,999

\$20,000-\$29,999

\$30,000-\$39,999

\$40,000-\$49,999

\$50,000-\$59,999

\$60,000-\$74,999

\$75,000-\$99,999

\$100,000 and over

Do you identify yourself as having a disability?

Yes

No

Do you currently have health insurance?

Yes

No

Do you have access to a computer?

Yes

No

PLEASE TURN OVER AND SIGN