

VITA Demographic Form

Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes	Housing Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other Permanent housing
Family Type: <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults. No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____	Health Insurance: <input type="checkbox"/> None <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based <input type="checkbox"/> State Adult <input type="checkbox"/> State Children <input type="checkbox"/> Other: _____
Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (6 months or less) <input type="checkbox"/> Unemployed (6 months +) <input type="checkbox"/> Unemployed (Not in Labor Force)	Education: <input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> GED <input type="checkbox"/> HS grad <input type="checkbox"/> 12 th grade + some Post-Secondary <input type="checkbox"/> 2- or 4-years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-race (two or more of the above) <input type="checkbox"/> Other: _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No