

Name: _____
MRN: _____
DOB: ____/____/____ ID# _____
Sex: M _ F (or place label here)

# Household Information

We ask everyone these questions on an annual basis. They go into your health record and are protected under privacy laws. They help us plan your care. Please answer these 4 questions about your household/family so that we can check you in today.

1. My housing situation today is:

- I have permanent housing
- I have permanent housing now but have not at some time in the last 12 months
- I do not have permanent housing, I live:
  - temporarily with others
  - on the street/camp/bridge
  - in a shelter
  - in transitional housing
  - in a motel
  - in a situation not listed

2. What is your current family size? \_\_\_\_\_

3. What is your household gross monthly income? \_\_\_\_\_

4a. Have you or your family worked in agricultural/farming in the last 2 years?  
 Yes → (continue to 4b)  
 No

4b. Was this seasonal, for example a few months in the picking season?  
 Yes → (continue to 4c)  
 No

4c. Did you move to a temporary home for this work?  
 Yes  
 No

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Family Size and Income Definitions

**Family Size** Your family size includes you and anyone related by birth, marriage, or adoption who resides with you. This includes any dependent unmarried children who live with you and their parent(s) if that isn't you.

**Gross Monthly Income** Gross income is all of the money you get each month (excluding child support, veteran's payments, or Supplemental Security Income [SSI]), before any deductions are taken out. Include all income received by you or any of your family members that are included in your family size.

Intentionally giving incorrect information may be breaking state and federal law.