CHILD (under 18 years of age) Data (Page 1 of 1)

First Name	**Last Name**
Date of Birth (MM/DD/YYYY):	**Relationship to Head of Household** ☐ Child ☐ Spouse or Partner ☐ Other relation member ☐ Non-relation member
Social Security Number (SSN) (Please indicate how much of your SSN you are willing to share) ☐ Full ☐ Last 4 digits ☐ Declined to Respond SSN: __ __ __ - __ __- __ __ __ __	
Primary Language:	
Gender ☐ Female ☐ Male ☐ Trans Female (Male to Female) ☐ Trans Male (Female to Male) ☐ Gender Non-Conforming (not exclusively male or female) ☐ Declined to Respond	
Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Declined to Respond	
Additional Race (Select all that apply) ☐ African ☐ Middle Eastern ☐ Slavic	**Ethnicity** ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Declined to Respond
Disability Type (Select all that apply) ☐ None ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol and Drug Abuse ☐ Chronic Health Condition ☐ Developmental ☐ HIV/AIDS ☐ Hearing Impaired ☐ Mental Health ☐ Physical ☐ Vision Impaired ☐ Declined to Respond ☐ Other:	
Health Insurance (Select all that apply) ☐ None ☐ COBRA ☐ Employer Provided ☐ Medicaid ☐ Medicare ☐ Indian Health Services Program ☐ Private Pay ☐ SCHIP ☐ VA Medical Services ☐ Declined to Respond ☐ Other:	