

# Continue telling us about everyone in your household

Question			
<b>Name</b>	First	Last	MI
<b>Relationship to you</b>			
<b>Date of Birth</b>			
<b>Social Security Number</b>			
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
<b>US citizen or national</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native/Indigenous <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American/African <input type="checkbox"/> Multi-race <input type="checkbox"/> Other		
<b>Military Status</b>	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> Never Served		
<b>Disabling Condition</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Employment</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed, under 6 months <input type="checkbox"/> Unemployed, over 6 months <input type="checkbox"/> Retired <input type="checkbox"/> Seasonal <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> None <input type="checkbox"/> Other		
<b>Income Sources (Check All That Apply)</b>	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> EITC <input type="checkbox"/> AABD <input type="checkbox"/> Unemployment <input type="checkbox"/> Annuity <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> VA Service Disability <input type="checkbox"/> VA Non-Service Disability <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Disability <input type="checkbox"/> Pension <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<b>Non Cash Benefits (Check All That Apply)</b>	<input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Child Care Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<b>Health Insurance</b>	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Children's Health Insurance Program <input type="checkbox"/> State Adult Health Insurance Program <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Military <input type="checkbox"/> Employment <input type="checkbox"/> None		
<b>Education</b>	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Trade School or Other		