

Intake Questionnaire

Your responses are kept confidential and will not affect services you will receive.

Your name: _____

Your contact info

cell: _____

text now: _____

email/facebook: _____

What year were you born in? _____

When did you come to Aileen's for the first time? (MM/DD/YY) _____

What is your racial background? Check all that apply.

- American Indian/Native Alaskan
- Asian/Asian American
- Black/African American/African
- Native Hawaiian/Pacific Islander
- White
- Other (_____)
- Prefer not to say

Are you Hispanic?

- Hispanic
- Not Hispanic
- Prefer not to say

How would you describe your gender?

- Woman
- Man
- Non-Binary
- Other (_____)
- Prefer not to say

Do you identify as transgender?

- Not transgender
- Transgender
- Prefer not to say

How would you describe your sexual orientation? Check all that apply.

- Heterosexual/Straight
- Gay or Lesbian
- Bisexual/Pansexual
- Questioning or unsure
- Other (_____)
- Prefer not to say

Are you currently homeless?

- Yes
- No
- Prefer not to say

What is the zip code of the area you most often stay at? _____

What city do you live or most often stay in? _____

What is your primary language? _____

Do you have a disability (or disabilities)?

- Yes
- What is it? (_____)
- No
- Prefer not to say

How many adults are in your household? _____

How many children are in your household? _____

How much money does your household bring in in a year?

- Less than \$25,000
- More than \$25,000 (How much? _____)
- Prefer not to say

Have you ever or do you currently serve in the military?

- Yes
- No
- Prefer not to say

If yes, what was your discharge status? _____

How many years did you serve in the military? _____

What year was your last year of service in the military? _____

Are you related to someone who is serving or has served in the military?

If so, what is your relationship to that person?

- Not related
- Minor dependent
- Spouse/partner
- Surviving spouse/partner
- Other dependent adult
- Prefer not to say