

NEIGHBOR DEMOGRAPHIC FORM

We acknowledge that discussing personal matters can sometimes trigger difficult emotions or memories. Your comfort and well-being are our top priorities. Your responses will not influence the outcome of your request for assistance, and you have the choice to decline to answer any questions. Our aim in gathering this information is to continually enhance our program in a way that respects and supports the needs of individuals who seek our assistance.

Client Name: _____

Race		Ethnicity	
American Indian/Alaska Native		Hispanic/Latino	
Asian American		Non-Hispanic/Latino	
Black/African American		Unknown	
Native Hawaiian/Other Pacific Islander		Declined to Share	
White			
Other			
Declined to Share			
Does anyone in your household live with a disability or health condition that impacts daily life?		If there is a disability present, could you share more about it? (please select all that apply)	
Yes		Alcohol Use Disorder	
No		Drug Use Disorder	
		Chronic Health Condition	
		Developmental	
		HIV/AIDS	
		Mental Health Disorder	
What is the household's current sources of income?			
Child Support		Unemployment	
Employee Disability		VA	
No Income		Employment	
Other		Pension	
SSI		Friends/Relatives	
SSDI		Declined to Answer	
If Other income is selected, please describe			
Are there any benefit programs that your household participates in to support its needs:			
SNAP (food stamps)		Low Income Energy Program	
Cash Assistance		Women/Infant Children (WIC)	
Section 8 Housing		Other	
Other		Declined to Answer	
If Other is selected, please describe			
What type of health coverage does your household currently have in place?			
None		Healthcare.gov (Obama Care)	
Private Insurance		Other	
AHCCCS		Declined to Answer	
If Other is selected, please describe			

NEIGHBOR DEMOGRAPHIC FORM

Does anyone in your household experience health challenges or concerns?			
Yes		No	
Declined to Answer			
If Yes is selected, please describe			
Over the past year, have you ever experienced hunger but couldn't afford to buy food?			
Yes		No	
Over the past year, have you ever needed medical care but couldn't access it due to financial constraints?			
Yes		No	
Over the past year, have you ever struggled to make payments on bills due to financial limitations? (pick all that apply)			
Rent or Mortgage		Car Payment	
Utilities		Insurance	
Credit Cards		Other	
Declined to Answer			
If Other is selected, please describe			
If you are employed, how long have you been with your current employer?			
Newly hired, have not started yet		7-12 Months	
1-3 Months		More than 12 Months	
4-6 Months		Declined to Answer	
What is the total household income for the past 30 days, before taxes/deductions?			
What is the total household income for the past 30 days, after taxes/deductions?			
How much is your monthly rent or Mortgage?			