Shelter Monitoring Committee Client Intake Form

First and Last name: 
__________________________________________________________

Phone Number: 
__________________________________________________________

Email Address: 
__________________________________________________________

311/CHANGES bed? □ Yes □ No

Please note: The following questions are optional and are collecting data for informational purposes only.

Gender: 
Male □  Female □  MTF Transgender □  FTM Transgender □

Age group: 
18 – 24 years □  25 – 59 years □  60 – 64 years □  65+ years □

Sexual Preference: 
Gay □  Lesbian □  Bisexual □  Heterosexual □  Declines to state □  Client unsure □
Race:

White (Non Latino) □
Black/African American □
American Indian □
Alaska Native □
Asian Indian □
Cambodian □
Chinese □
Filipino □
Guamanian □
Hawaiian □
Japanese □
Korean □
Laotian □
Samoan □
Vietnamese □
Other Asian □
Other Race (please specify):

__________________________________________