

# Shelter Monitoring Committee Client Intake Form

**First and Last name:**

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**Phone Number:**

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**Email Address:**

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**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):

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