

Shelter Monitoring Committee Client Intake Form

First and Last name:

Preferred 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.

Age group:
Under 18 <input type="checkbox"/>
18 – 24 years <input type="checkbox"/>
25 – 59 years <input type="checkbox"/>
60 – 64 years <input type="checkbox"/>
65+ years <input type="checkbox"/>
Client Unsure <input type="checkbox"/>
Declined to state <input type="checkbox"/>

Sexual Preference:
Gay <input type="checkbox"/>
Lesbian <input type="checkbox"/>
Bisexual <input type="checkbox"/>
Heterosexual <input type="checkbox"/>
Client Unsure <input type="checkbox"/>
Declined to state <input type="checkbox"/>

Gender:
Male <input type="checkbox"/>
Female <input type="checkbox"/>
MTF Transgender <input type="checkbox"/>
FTM Transgender <input type="checkbox"/>
Client Unsure <input type="checkbox"/>
Declined to state <input type="checkbox"/>

Ethnicity:
African American or Black <input type="checkbox"/>
Cambodian <input type="checkbox"/>
Central American <input type="checkbox"/>
Chinese <input type="checkbox"/>
Cuban <input type="checkbox"/>
Eastern European <input type="checkbox"/>
Filipino <input type="checkbox"/>
Hispanic/Latino <input type="checkbox"/>
Hmong <input type="checkbox"/>
Japanese <input type="checkbox"/>
Korean <input type="checkbox"/>
Laotian <input type="checkbox"/>
Mexican <input type="checkbox"/>
Native American <input type="checkbox"/>
Other Asian <input type="checkbox"/>
Puerto Rican <input type="checkbox"/>
Russian <input type="checkbox"/>
South American <input type="checkbox"/>
Vietnamese <input type="checkbox"/>
Western European <input type="checkbox"/>
White <input type="checkbox"/>
Client Unsure <input type="checkbox"/>
Declined to state <input type="checkbox"/>
Other – Not Listed <input type="checkbox"/>
(please specify):
<hr/>

Disability?
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Client Unsure <input type="checkbox"/>
Declined to State <input type="checkbox"/>