




























This form gives us more information about you and your family. Your answers will help us put more support services in place in the future.

	Has the lack of transportation kept you from medical appointments or from getting medications?	<input type="radio"/> Yes <input type="radio"/> No
	Within the past 12 months we worried whether our food would run out before we got money to buy more.	<input type="radio"/> Never True <input type="radio"/> Sometimes True <input type="radio"/> Often True
	Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	<input type="radio"/> Never True <input type="radio"/> Sometimes True <input type="radio"/> Often True
	What is your housing situation today?	<input type="radio"/> I have housing <input type="radio"/> I do not have housing <i>(staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)</i> <input type="radio"/> I choose not to answer
	How many times have you moved in the past 12 months?	<input type="radio"/> Zero (I did not move) <input type="radio"/> One time <input type="radio"/> Two or more times <input type="radio"/> I choose not to answer
	Are you worried that in the next 2 months, you may not have your own housing to live in?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Do you have trouble paying your heating or electricity bill?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Do you have trouble paying for medicines?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Are you currently unemployed and looking for work?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Are you interested in more education?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Do you have trouble with childcare or the care of a family member?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I choose not to answer
	Would you like information about any of the following topics? <input type="checkbox"/> None	
<input type="checkbox"/>  Transportation <input type="checkbox"/>  Food <input type="checkbox"/>  Housing		
<input type="checkbox"/>  Paying utility bills <input type="checkbox"/>  Paying for medications <input type="checkbox"/>  Job search or training		
<input type="checkbox"/>  Education <input type="checkbox"/>  Childcare <input type="checkbox"/>  Care for elder or disabled		
In the last 12 months, have you received assistance from an organization or program to help you with any of the following:		<input type="checkbox"/> None
<input type="checkbox"/>  Transportation <input type="checkbox"/>  Food <input type="checkbox"/>  Housing		
<input type="checkbox"/>  Paying utility bills <input type="checkbox"/>  Paying for medications <input type="checkbox"/>  Job search or training		
<input type="checkbox"/>  Education <input type="checkbox"/>  Childcare <input type="checkbox"/>  Care for elder or disabled		

