

Statistics Assessment

Rev. 07/19

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Gender Identity:** 🞎 Female 🞎 Male 🞎 Non-Binary

**Primary Language**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LGTBQAI?**: 🞎 Yes 🞎 No

**Age: \_\_\_\_\_\_\_**

**Birth Country**: 🞎 United States 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a veteran? Yes No**

**Financial Information**

**# of people in household**: \_\_\_\_\_\_

Total Annual Family Income: $\_\_\_\_\_\_\_\_\_\_\_

**Race**

🞎 African

🞎 African American

🞎 American Indian

🞎 Asian/Pacific Islander

🞎 White

🞎 Multiracial

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Living Situation**

🞎 Housed

🞎 Homeless

 🞎 Shelter

 🞎 Living on the street

 🞎 Temporarily Staying with Family and/or Friends

 🞎 Hotel

 🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Residency**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_

**Ethnicity**

🞎 Hispanic/Latino

🞎 Not Hispanic/Latino

🞎 Ethnicity Unknown

**Relationship with the other biological parent:**

🞎 Married

🞎 Separated

🞎 Divorced

🞎 Never Married

**Heard about FamilyWise from:**

🞎 Court order

 County of Court Order: \_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Agency Referral (i.e. GAL)

🞎 Child Protection

🞎 Police

🞎 Attorney

🞎 Website

🞎 Family/ Friend

🞎 Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conditions or Special Needs**

🞎 Blind / Visually Impaired

🞎 Chemical Dependency

🞎 Deaf / Hard of Hearing

🞎 Developmental Disability

🞎 Mental Illness

🞎 Physical Disability

🞎 Post Traumatic Stress Disorder

🞎 Traumatic Brain Injury

🞎 Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_