For Grant Purposes Only:

No name, address, or phone number will be given out.

- Do you have insurance? _____Yes _____No
- Are you employed? _____Yes _____No
- Were you unemployed before diagnosis? _____Yes _____No
- Were you unemployed after the diagnosis? _____Yes _____No
- Your age range as of today? 0-19 20-39 40-59 60 & up
- What range of income do you fall in:

  Poverty Low-Income Mid-Income High Income
- Male_____ Female_____
- _____Non-Binary (not solely male or female)
- _____Transgender (identify with different body)
- _____Cisgender (you identify with body born in)
- _____Bisexual (sexually attracted to both genders)
- _____Gay (men sexually attracted to other men)
- _____Heterosexual (sexually attracted to the opposite sex)
- _____Lesbian (women sexually attracted to other women)
- _____Decline to state
- _____Unknow

- _____Asian /Asian American/ Pacific Islander
- _____Black/Black American/ African
- _____Hispanic/ Latin/Latino
- _____Native American/American Indian/ Indigenous
- _____Whit/Caucasian/ European Multi-Racial
- _____Decline to state
- _____Unknown

- _____English Language
- _____Spanish Language
- _____Other/ What type of Language spoken? _____
- _____Decline to state
- _____Unknown