

Demographic Form

Date: _____

Reason for Visit: Check all that apply. If you answer yes to any question, please answer the additional questions.

Drop In Child Care	<input type="checkbox"/> Yes ___ Infant Room ___ Toddler Room <input type="checkbox"/> No	Parenting Class	<input type="checkbox"/> Yes Name of Class _____ <input type="checkbox"/> No
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Complete the following for each person in the household.

Adult #1

Military:
 Yes
 ___ Active Duty
 ___ Retiree/Veteran
 ___ Dependent
 No

Ethnicity:
 Black
 White
 Asian
 Hispanic
 Multi-racial

Age: _____
 Gender: _____
 Zip Code: _____
 Homeless: _____

Income: See table to pick correct choice.
 Below 100%
 100% - 200%
 Above 200%
 Unknown

Adult #2

Military:
 Yes
 ___ Active Duty
 ___ Retiree/Veteran
 ___ Dependent
 No

Ethnicity:
 Black
 White
 Asian
 Hispanic
 Multi-racial

Age: _____
 Gender: _____
 Zip Code: _____
 Homeless: _____

Income: See table to pick correct choice.
 Below 100%
 100% - 200%
 Above 200%
 Unknown

Child #1

Military:
 Yes (Dependent)
 No

Ethnicity:
 Black
 White
 Asian
 Hispanic
 Multi-racial

Age: _____
 Gender: _____
 Zip Code: _____

Child #2

Military:
 Yes (Dependent)
 No

Ethnicity:
 Black
 White
 Asian
 Hispanic
 Multi-racial

Age: _____
 Gender: _____
 Zip Code: _____

Child #3

Military:
 Yes (Dependent)
 No

Ethnicity:
 Black
 White
 Asian
 Hispanic
 Multi-racial

Age: _____
 Gender: _____
 Zip Code: _____

**TABLE
Poverty Guidelines**

Members	100%	200%
1	\$11,670	\$23,340
2	\$15,730	\$31,460
3	\$19,790	\$39,580
4	\$23,850	\$47,700
5	\$27,910	\$55,820
6	\$31,970	\$63,940
7	\$36,030	\$72,060
8	\$40,090	\$80,180
ADD	+4,060	+8,120

Child #4

Military:
 Yes (Dependent)
 No

Ethnicity:
 Black
 White
 Asian
 Hispanic
 Multi-racial

Age: _____
 Gender: _____
 Zip Code: _____

Child #5

Military:
 Yes (Dependent)
 No

Ethnicity:
 Black
 White
 Asian
 Hispanic
 Multi-racial

Age: _____
 Gender: _____
 Zip Code: _____