For data entry purposes only: Client ID: _____

PARTNERS IN CARE

Additional Family Member Identifying Information

*SSN: _____

- ❑ Full SSN reported
- ❑ Approximate or partial SSN
- ❑ Client doesn't know
- ❑ Client prefers not to answer

*Birthdate: _____

- ❑ Full DOB reported
- ❑ Approximate or partial DOB
- ❑ Client doesn't know
- ❑ Client prefers not to answer

*LastName:_____

*FirstName: _____

- ❑ Full name reported
- ❑ Partial, street name, or code name reported
- ❑ Client doesn't know
- ❑ Client prefers not to answer

Middle name: _____

Nickname/Alias: _____

- ❑ Jr.
- ❑ Sr.
- ❑ I
- ❑ II
- ❑ III
- ❑ IV
- ❑ VI
- ❑ Client doesn't know
- ❑ Client prefers not to answer

Preferred Pronouns

- ❑ She / Her
- ❑ He / Him
- ❑ They / Them
- ❑ Ze / Hir
- ❑ Other _____
- ❑ Client doesn't know
- ❑ Client prefers not to answer

*Current Gender Identity

- ❑ Woman/Girl
- ❑ Man/Boy
- ❑ Culturally Specific Identity (e.g., Two-Spirit)
- ❑ Different Identity** _____
- ❑ Non-Binary
- ❑ Transgender
- ❑ Questioning
- ❑ Client doesn't know
- ❑ Client prefers not to answer

*Case Worker: _____

*Sex assigned at birth

- ❑ Male
- ❑ Female
- ❑ Client doesn't know
- ❑ Client prefers not to answer

Citizenship Status:

- ❑ US Citizen
- ❑ Eligible Non-Citizen
- ❑ Non-US Citizen COFA**
- ❑ US National – Non Citizen (American Samoa or Swains Island)
- ❑ Ineligible Non-Citizen
- ❑ Client doesn't know
- ❑ Client prefers not to answer

**COFA Countries:

- ❑ Chuuk-Micronesia
- ❑ Kosrae-Micronesia
- ❑ Marshall Islands
- ❑ Palau
- ❑ Pohnpei-Micronesian
- ❑ Yap-Micronesia
- ❑ Client doesn't know
- ❑ Client prefers not to answer

*Relationship to HoH

- ❑ Child
- ❑ Step child
- ❑ Grand child
- ❑ Foster child
- ❑ Other _____

*Primary Language:

- ❑ Chinese
- ❑ Chuukese
- ❑ English
- ❑ Ilocano
- ❑ Japanese
- ❑ Korean
- ❑ Marshallese
- ❑ Tagalog
- ❑ Vietnamese
- ❑ Different Language_____
- ❑ Client doesn't know
- ❑ Client prefers not to answer

*Translation Assistance Needed?

- ❑ Yes**
- ❑ No

**If yes, specify translation language needed:

_____

*Race and Ethnicity *Select all that apply*

- ❑ American Indian, Alaska Native, or Indigenous
- ❑ Asian or Asian American, specify below**
- ❑ Black, African American, or African
- ❑ Native Hawaiian or Pacific Islander, specify below**
- ❑ White
- ❑ Hispanic/Latina/e/o/x
- ❑ Middle Eastern or North African
- ❑ Client doesn't know
- ❑ Client prefers not to answer

**Asian:

- ❑ ?qg_lGlbg_l
- ❑ Afglcqc-R_gu_lcqc
- ❑ Filipino
- ❑ Japanese
- ❑ Korean
- ❑ Vietnamese
- ❑ Other Asian

_____

**Native Hawaiian / Pacific Islander

- ❑ Guamanian/Chamorro
- ❑ K_pqf_jjcqc
- ❑ Micronesian
- ❑ Native Hawaiian
- ❑ Native Hawaiian
- ❑ Samoan
- ❑ Tongan
- ❑ Other Pacific Islander

_____

Disabling Conditions

Long Term defined: expected to be of long-continued and indefinite duration and impairs their ability to live independently

Physical Disability:	❑Yes** ❑No	❑Client doesn't know ❑ Client prefers not to answer	**If yes, long term? ❑Yes ❑ No
Developmental Disability	❑Yes ❑No	❑ Client doesn't know ❑ Client prefers not to answer	
Chronic Health Condition	❑Yes** ❑No	❑ Client doesn't know ❑ Client prefers not to answer	**If yes, long term? ❑Yes ❑ No
HIV - AIDS	❑Yes ❑No	❑ Client doesn't know ❑ Client prefers not to answer	
Mental Health Disorder	❑Yes** ❑No	❑ Client doesn't know ❑ Client prefers not to answer	**If yes, long term? ❑Yes ❑ No
Substance Use Disorder ❑Alcohol use** ❑Drug use**	❑Both ** ❑Neither	❑ Client doesn't know ❑ Client prefers not to answer	**If yes, long term? ❑Yes ❑ No

Health Insurance

Covered by Health Insurance? ❑ Yes** ❑ No ❑ Client doesn't know ❑ Client prefers not to answer

**If yes, select all that apply:

- ❑ MEDICAID
- ❑ MEDICARE
- ❑ State Children's Health Insurance Program
- ❑ Veteran's Administration (VA) Medical Services
- ❑ Employer-Provided Health Insurance
- ❑ Health Insurance Obtained Through COBRA
- ❑ Private Pay Health Insurance
- ❑ State Health Insurance for Adults
- ❑ Indian Health Services Program
- ❑ Other Health Insurance _____