

Date: \_\_\_\_\_

Preferred Language: English  Spanish  Other: \_\_\_\_\_

Last Name:	
First Name:	
Age:	
Town/City:	
Zip Code (Optional):	
Telephone (Optional):	
Email (Optional):	

Are you a CT Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of People in Household?
Annual Income?

How do you identify yourself?

Gender:	Prefer Not to Answer <input type="checkbox"/>
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Check All That Apply

American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>
Middle Eastern or North African	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Prefer Not to Answer	<input type="checkbox"/>

Please list the age and gender of all people in your household.

	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
Age										
Gender										

Thank you for completing this form! Your answers help us to make sure that we are providing the best services possible for you and your family.

All your answers to this form will be kept confidential.