

Name: _____

Date: _____

Program Screening Questions

1. County of Residence: _____ Zip Code: _____
2. Age: _____ 3. Birth Date _____
4. Household Monthly Income (if known): _____ # in Household: _____
5. Therapist/Case Manager (if known): _____
6. Do you participate in other RCC programs? If so, please list: _____

Contact/Demographics

Address: _____ City: _____ Zip: _____

Email: _____ ----> Add to RCC email list? YES NO

Phone Number: _____ ----> OK to leave message? YES NO

Race: Two or more races: _____ Asian Alaska Native/Native American Hispanic/Latin@/x
Native Hawaiian/Pacific Islander Black/African Descent White Another Identity: _____

Ethnicity: (circle all that apply) Caribbean Central American Mexican/Mexican American/Chican@/x
Puerto Rican South American African Asian Indian/South Asian Vietnamese Middle Eastern
Filipin@/x Cambodian Chinese Japanese Korean Eastern European Western European
Another Identity: _____

Sexual Orientation: Lesbian Gay Bisexual Queer Pansexual Questioning Asexual Demisexual
Straight Same-Gender Loving All-gender Loving Another orientation: _____

Sex Assigned at Birth: Female Male Intersex

Gender Identity: Transwoman/MTF Transman/FTM Genderqueer Questioning Nonbinary
Genderfluid Agender Two-Spirit Woman Man Cisgender Another Identity: _____

Pronouns: _____

EMERGENCY CONTACT

While we do our best to avoid emergencies, they do occasionally arise. If an emergency happens, who is the best person to contact on your behalf?

Emergency Contact Name: _____

What is your relationship with this person? _____

Best way to reach this person: Phone: _____ Email: _____

Do we need to be discreet (about sexuality, gender identity, HIV status, or participation in RCC programs) when talking with this person? No Yes

Does youth agree to have their picture taken on site or at events? Yes No

*Pictures may be posted on RCC website or used in promotional materials.

Any known food allergies? Yes No If "yes" please state: _____