

## Community Demographic Form

|  |             |
|--|-------------|
| Patient Name:  | Patient ID: |
| Patient Preferred Name:  |             |
| Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other _____ |             |

### Gender Identity

What sex were you assigned at birth on your original birth certificate (check one)?  
 Male     Female     Intersex     Decline to Answer

Do you think of yourself as (check one):  
 Man  
 Woman  
 Female-to-Male (FTM)/Transgender Male/Trans Man  
 Male-to-Female (MTF)/Transgender Female/Trans Woman  
 Gender Queer, neither exclusively male or female  
 Additional gender category/Other, please specify: \_\_\_\_\_  
 Decline to Answer

### Sexual Orientation

Do you think of yourself as (check one):  
 Straight or heterosexual     Lesbian, gay or homosexual     Bisexual  
 Something else, please specify: \_\_\_\_\_     Don't know     Decline to Answer

### Migrant and Seasonal Farmworker Status

In the past two years, have you or a member of your family worked in agriculture/farming, forestry or fisheries as your/their main employment including, but not limited to: Preparing, irrigating or spraying the fields, nurseries, orchards; Planting, picking, sorting, packing or transporting fruits, vegetables, grains, nuts, plants, tobacco, hops, flowers, grass, alfalfa, hay or other agricultural products; Planting trees, working with Christmas trees, picking pine needles or Spanish moss; Working on farms that produce chicken, ducks, turkeys, cows, goats, sheep, horses, fish, seafood, etc.?  
 Yes     No

In the past two years, have you or a member of your family established a temporary home in order to work in agriculture?  
 Yes     No

Have you or a member of your family stopped the need to establish a temporary home to work in agriculture because of disability or old age?  
 Yes     No

In the past two years, have you or a member of your family worked in agriculture on a seasonal basis without the need to establish a temporary home?  
 Yes     No

### Housing Status

Are you currently living with friends or family, in your car, in a shelter, in a hotel, or on the street?     Yes     No

If yes, please choose one of the following that best describes your current situation:  
 Doubling Up     Shelter     Street     Transitional Housing     Decline to Answer

### Other Demographics

Are you a US Veteran?     Yes     No

### Patient Acknowledgement

I have read and understood the above information and declare the information furnished to be to be true and complete to the best of my knowledge.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date