

1 Contractor Name: \_\_\_\_\_ Services: \_\_\_\_\_  
 Prepared By (print name/title): \_\_\_\_\_ Phone # \_\_\_\_\_

Yellow Highlighted Sections represent demographics collected on INDIVIDUALS			
2 Total unduplicated number of persons about whom one or more characteristics were obtained			
3 Total unduplicated number of persons about whom no characteristics were obtained			
Blue Highlighted Sections represent demographics collected on FAMILIES			
4 Total unduplicated number of families about whom one or more characteristics were obtained			
5 Total unduplicated number of families about whom no characteristics were obtained			
6. Gender		Number of Persons*	
a. Male			
b. Female			
*Total			
7. Age		Number of Persons*	
a. 0-5			
b. 6-11			
c. 12-17			
d. 18-23			
e. 24-44			
f. 45-54			
g. 55-69			
h. 70+			
*Total			
Sum of 7e thru 7h =			
8. Ethnicity/Race			
<i>I. Ethnicity</i>			
a. Hispanic or Latino			
b. Not Hispanic or Latino			
*Total			
<i>II. Race</i>			
a. White			
b. African American			
c. Native American and Alaskan Native			
d. Asian			
e. Native Hawaiian and Other Pacific Islander			
f. Other			
g. Multi-Race (any 2 or more of the above)			
*Total			
9. Education Level of Adults		Number of Persons 24+**	
a. 0-8			
b. 9-12/non-graduate			
c. High sch. Grad./GED			
d. 12+ some post secondary			
e. 2 or 4 yr. College graduates			
**Total			
10. Other Characteristics		Number of Persons****	
		# of Persons	# Surveyed
a. No Health insurance			
b. Disabled			
11. Family Type		Number of Families***	
a. Single parent/female			
b. Single parent/male			
c. Two-parent household			
d. Single person			
e. Two adults - no children			
f. Other			
***Total			
12. Family Size		Number of Families ***	
a. One			
b. Two			
c. Three			
d. Four			
e. Five			
f. Six			
g. Seven			
h. Eight or more			
***Total			
13. Source of Family Income		Number of Families	
a. Unduplicated # of Families Reporting One or More Sources of Income***			
b. Unduplicated # of Families Reporting No Income			
Total UNDUP Families who responded as either having a source of income or having no income			
Record the sources of each family income as reported in 13a above:			
c. TANF			
d. SSI			
e. Social Security			
f. Pension			
g. General Assistance			
h. Unemployment Insurance			
i. Employment + other source			
j. Employment only			
k. Other:			
14. Level of Family Income % of HHS guideline		Number of Families ***	
a. Up to 50%			
b. 51% to 75%			
c. 76% to 100%			
d. 101% to 125%			
e. 126% to 150%			
f. 151% and over			
***Total			
15. Housing		Number of Families ***	
a. Own			
b. Rent			
c. Homeless			
d. Other			
***Total			
16. Other family characteristics		Number of Families***	
a. Farmer			
b. Migrant Farmworker			
c. Seasonal Farmworker			
* The sum in this category should not exceed the value of Section 2.			
** The sum in this category should not exceed the value of Section 7e-h.			
*** The sum in this category should not exceed the value of Section 4.			
**** The numbers reported under either column should not exceed the value of Section 2.			