

VITA Program Statistics

Members of the Household:

Telephone Number: _____

First and Last Name Date of Birth

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First and Last Name Date of Birth

First and Last Name Date of Birth

Can you carry on a conversation in English? Yes No **Can you read a book or newspaper in English?** Yes No

Does any member of your household have a disability? Yes No **Are you or your spouse a Veteran?** Yes No

Your race? Black White Asian Bi-racial Native American Other _____

Your spouse's race? Black White Asian Bi-racial Native American Other _____

Your ethnicity? Hispanic Latin Spanish All others **Spouse's ethnicity?** Hispanic Latin Spanish All others

Education Level? HS Grad GED 0 to 8 9 to 11 Some College Associates Bachelors Other

Work Status? Full Time Part Time Retired Self-Employed Other

Health Insurance? Medicare Medicaid None Market Place Employer Based Other Governmental

Gender? Male Female Other **Primary Language?** English Spanish Other _____

Marital Status? Single Married Separated Divorced Widowed Other _____

Household type? Single Single Parent Married w/children Married no children **Do you?** Rent Own
Foster Multiple adults w/children Multiple adults no children