

*Thank you for completing this form. You are helping HSDC to continue providing free and affordable services. Your information is confidential.*

Today's Date \_\_\_\_\_

Do you receive services from other HSDC programs? (Select all that apply)

<input type="checkbox"/> Audiology	<input type="checkbox"/> Deaf & Hard of Hearing Services	<input type="checkbox"/> HSDC Interpreting Services
<input type="checkbox"/> Parent-Infant Program (PIP)	<input type="checkbox"/> Rosen Family Preschool	

How did you learn about HSDC for the first time?

<input type="checkbox"/> Internet search	<input type="checkbox"/> Patient referral	<input type="checkbox"/> Friend or family
<input type="checkbox"/> School	<input type="checkbox"/> Other _____	

What city do you live in?	
What is your zip code?	

How many people are in your household?

Adults _____	Children (0-18 years old) _____
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What language(s) do you primarily use at home? (Select all that apply)

<input type="checkbox"/> English	<input type="checkbox"/> American Sign Language (ASL)
<input type="checkbox"/> Spanish	<input type="checkbox"/> Other _____

What is the combined income of everybody in your household?

<input type="checkbox"/> Less than \$20,000	<input type="checkbox"/> \$50,000 to \$59,999	<input type="checkbox"/> \$90,000 to \$99,999
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<input type="checkbox"/> \$20,000 to \$29,999	<input type="checkbox"/> \$60,000 to \$69,999	<input type="checkbox"/> More than \$99,999
<input type="checkbox"/> \$30,000 to \$39,999	<input type="checkbox"/> \$70,000 to \$79,999	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> \$40,000 to 49,999	<input type="checkbox"/> \$80,000 to \$89,999	

*If you are filling out this form for a child who is a client of HSDC, please enter the information of the child below.*

**What is your age in years?** \_\_\_\_\_ years old

**What is your gender identity?** (Select all that apply)

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender
<input type="checkbox"/> Non-Binary / Non-Conforming	<input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> Self-Describe _____		

**What is your racial identity?** (Select all that apply)

<input type="checkbox"/> Asian / Asian American	<input type="checkbox"/> Latinx, Spanish, or Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Native American, Indigenous American, or American Indian	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Self-Describe _____	

**Are you an immigrant or refugee?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
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**Do you have permanent housing?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
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**Have you ever served on active duty in the US military?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
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**Do you consider yourself a part of the Deaf Community?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to answer
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**What is your current employment status?**

*Thank you!*

Employed

Unemployed

Prefer not to answer

Federal or state  
assistance

Retired

Other \_\_\_\_\_

*Thank you!*