

RACE AND ETHNICITY (Select all applicable) [All Clients]

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> White
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Hispanic/Latina/e/o	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Data not collected

VETERAN STATUS [All Adults]

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer
	<input type="checkbox"/> Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)		
Year separated from military service (year)		
Theater of Operations: World War II		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer	
	<input type="checkbox"/> Data not collected	
Theater of Operations: Korean War		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer	
	<input type="checkbox"/> Data not collected	
Theater of Operations: Vietnam War		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer	
	<input type="checkbox"/> Data not collected	
Theater of Operations: Persian Gulf War (Desert Storm)		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer	
	<input type="checkbox"/> Data not collected	
Theater of Operations: Afghanistan (Operation Enduring Freedom)		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer	
	<input type="checkbox"/> Data not collected	
Theater of Operations: Iraq (Operation Iraqi Freedom)		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer	
	<input type="checkbox"/> Data not collected	
Theater of Operations: Iraq (Operation New Dawn)		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer	
	<input type="checkbox"/> Data not collected	
Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client prefers not to answer	
	<input type="checkbox"/> Data not collected	
Branch of the Military		
<input type="checkbox"/> Army	<input type="checkbox"/> Space Force	
<input type="checkbox"/> Air Force	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Navy	<input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> Marines	<input type="checkbox"/> Data not collected	

<input type="radio"/>	Coast Guard		
Discharge Status			
<input type="radio"/>	Honorable	<input type="radio"/>	Uncharacterized
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client prefers not to answer
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected
<input type="radio"/>	Dishonorable		

RELATIONSHIP TO HEAD OF HOUSEHOLD *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

Signature of applicant stating all information is true and correct

Date