Reset Form

Date _____

Community Helpers Registration Form
Additional Household Members

Head of Household Name _____ HMIS Case Number _____

Dependant 1

First Name:	Middle Name:
Last Name:	Relationship to HoH:
DOB:	SSN:
Current School: Enrolled in McKinney-Vento? ☐ Yes ☐ No ☐ Not currently enrolled in school	

Gender

☐ Woman (Girl if child) ☐ Man (Boy if child) ☐ Culturally Specific Identity (e.g., TwoSpirit)	☐ Transgender ☐ Non-binary ☐ Questioning	☐ Different Identity _____ ☐ Do not know ☐ Prefer not to answer

Race/Ethnicity

☐ American Indian, Alaska Native, Indigenous ☐ Asian, Asian American ☐ Black, African American, African	☐ Hispanic/Latina/e/o ☐ Middle Eastern, North African ☐ Native Hawaiian, Pacific Islander	☐ White ☐ Do not know ☐ Prefer not to answer

Health

Health insurance provider? ☐ Medicare ☐ Medicaid ☐ Private ☐ None
Does this person have a disabling condition? ☐ Yes ☐ No
If yes, will this disability limit the type of housing/shelter you can access? ☐ Yes ☐ No

Dependant 2

First Name:	Middle Name:
Last Name:	Relationship to HoH:
DOB:	SSN:
Current School: Enrolled in McKinney-Vento? ☐ Yes ☐ No ☐ Not currently enrolled in school	

Gender

☐ Woman (Girl if child) ☐ Man (Boy if child) ☐ Culturally Specific Identity (e.g., TwoSpirit)	☐ Transgender ☐ Non-binary ☐ Questioning	☐ Different Identity _____ ☐ Do not know ☐ Prefer not to answer

Race/Ethnicity

☐ American Indian, Alaska Native, Indigenous ☐ Asian, Asian American ☐ Black, African American, African	☐ Hispanic/Latina/e/o ☐ Middle Eastern, North African ☐ Native Hawaiian, Pacific Islander	☐ White ☐ Do not know ☐ Prefer not to answer

Health

Health insurance provider? ☐ Medicare ☐ Medicaid ☐ Private ☐ None
Does this person have a disabling condition? ☐ Yes ☐ No
If yes, will this disability limit the type of housing/shelter you can access? ☐ Yes ☐ No

Dependant 3

First Name:	Middle Name:
Last Name:	Relationship to HoH:
DOB:	SSN:
Current School: Enrolled in McKinney-Vento? ☐ Yes ☐ No ☐ Not currently enrolled in school	

Gender

☐ Woman (Girl if child) ☐ Man (Boy if child) ☐ Culturally Specific Identity (e.g., TwoSpirit)	☐ Transgender ☐ Non-binary ☐ Questioning	☐ Different Identity _____ ☐ Do not know ☐ Prefer not to answer

Race/Ethnicity

☐ American Indian, Alaska Native, Indigenous ☐ Asian, Asian American ☐ Black, African American, African	☐ Hispanic/Latina/e/o ☐ Middle Eastern, North African ☐ Native Hawaiian, Pacific Islander	☐ White ☐ Do not know ☐ Prefer not to answer

Health

Health insurance provider? ☐ Medicare ☐ Medicaid ☐ Private ☐ None
Does this person have a disabling condition? ☐ Yes ☐ No
If yes, will this disability limit the type of housing/shelter you can access? ☐ Yes ☐ No

Dependant 4

First Name:	Middle Name:
Last Name:	Relationship to HoH:
DOB:	SSN:
Current School: Enrolled in McKinney-Vento? ☐ Yes ☐ No ☐ Not currently enrolled in school	

Gender

☐ Woman (Girl if child) ☐ Man (Boy if child) ☐ Culturally Specific Identity (e.g., TwoSpirit)	☐ Transgender ☐ Non-binary ☐ Questioning	☐ Different Identity _____ ☐ Do not know ☐ Prefer not to answer

Race/Ethnicity

☐ American Indian, Alaska Native, Indigenous ☐ Asian, Asian American ☐ Black, African American, African	☐ Hispanic/Latina/e/o ☐ Middle Eastern, North African ☐ Native Hawaiian, Pacific Islander	☐ White ☐ Do not know ☐ Prefer not to answer

Health

Health insurance provider? ☐ Medicare ☐ Medicaid ☐ Private ☐ None
Does this person have a disabling condition? ☐ Yes ☐ No
If yes, will this disability limit the type of housing/shelter you can access? ☐ Yes ☐ No

Other Adults in the Household

Name: _____ HMIS ID _____

Name: _____ HMIS ID _____

Name: _____ HMIS ID _____