



## CLIENT DEMOGRAPHIC INFORMATION

**Our funders require us to gather and record basic information about everyone who uses our services. CHC's believe that health is determined by many factors including housing, the environment, education, social support and employment. Please help us to provide services and programs that meet your needs and the needs of our communities by answering the following questions. This information is used collectively. You are not required to answer the questions in order to receive service here.**

Primary/Preferred Language	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other _____
Do you need a translator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Ethnic Background:	Are you: (mark or specify more than one if applicable)		
<input type="checkbox"/> White (Caucasian)	<input type="checkbox"/> Black		
<input type="checkbox"/> Asian	<input type="checkbox"/> Latin American	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Other _____

Country of Origin	<input type="checkbox"/> Canada	<input type="checkbox"/> Other Country _____
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Date of Arrival to this Country	mm _____	dd _____	yyyy _____ (If Applicable)
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Combined Annual Income	<input type="checkbox"/> Doesn't know	<input type="checkbox"/> Refuses to Answer
	<input type="checkbox"/> 1-14,999	<input type="checkbox"/> 30,000-34,999
	<input type="checkbox"/> 15,000-19,999	<input type="checkbox"/> 35,000-39,999
	<input type="checkbox"/> 20,000-24,999	<input type="checkbox"/> 40,000-59,999
	<input type="checkbox"/> 25,000-29,999	<input type="checkbox"/> Over 60,000
Number of People Supported by this Income _____		

Education (Highest Level Achieved)	<input type="checkbox"/> Unknown	<input type="checkbox"/> None	<input type="checkbox"/> Too Young for Primary Completion
	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Post Secondary

Place of Residence	<input type="checkbox"/> Shelter	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other temporary Shelter _____
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Household Composition			
<input type="checkbox"/> Mother/Father/Children	<input type="checkbox"/> Couple		
<input type="checkbox"/> Single Parent Family (Mother)	<input type="checkbox"/> Single Parent Family (Father)		
<input type="checkbox"/> Sole Member	<input type="checkbox"/> Siblings		
<input type="checkbox"/> Extended Family	<input type="checkbox"/> Grandparents with Grandchildren		
<input type="checkbox"/> Unrelated House Mates	( <input type="checkbox"/> Same Sex Couple <input type="checkbox"/> Male <input type="checkbox"/> Female)		

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other _____
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**For office use only:**

<input type="checkbox"/> I am aware of my rights and responsibilities as a client of the Seaway Valley CHC.									
Signature _____					Date: _____				