

7/24/92
22005
Call Supplement

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☒ Unknown

7003

EMPLOYMENT STATUS

- (1) SS Full Time (35 or more hrs. per week) (3) Not Employed
(2) Part Time (less than 35 hrs per week) (9) Unknown

MEDICAL INSURANCE

- (1) Private Insurance (incl. other HMOs) (5) Medical/Medicare
(2) Kaiser (6) Other Public Insurance
(3) Medical/Medicaid (7) Uninsured
3 (4) X Medicare (9) Unknown

PRIMARY HEALTH CARE SOURCE

- (1) Private Practice (incl. other HMOs) (2) Kaiser
(3) Community Health Center (4) Hospital Outpatient Clinic
(5) Emergency Room (6) VA, Military Hospital Outpatient or Indian Health Service
(7) ✓ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) No Primary Health Care Provider
(9) Unknown

HIV STATUS:

- (1) X HIV Positive (not Disabling) (4) Relative, Friend or Partner of HIV +
(2) Disabling HIV/ARC (9) Unknown
(3) AIDS

SPECIAL POPULATIONS

- (1) X Injection Drug User (IDU) (4) Mental Illness
(2) Other Substance Abuse (5) Mental Illness and Substance Abuse
(3) AIDS Dementia (6) None of the Above

7/20

BAHSES

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GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☒ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☒ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
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(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☒ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

9/92

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GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
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ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

8/19

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GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☒ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- History (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/24

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GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
 (2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/20

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Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ___ Other (Include Gender)
(2) ___ Female (9) ___ Unknown

SEXUAL ORIENTATION:

- (1) ___ Gay Male (3) ___ Bisexual (5) ___ Decline to state
(2) ___ Lesbian (4) ☒ Heterosexual (6) ___ Unsure (9) ___ Unknown

AGE:

- (1) ___ 12 yrs or less (4) ___ 25-29 yrs (7) ___ 50-59 yrs
(2) ___ 13-17 yrs (5) ___ 30-39 yrs (8) ___ 60 yrs or more
(3) ___ 18-24 yrs (6) ☒ 40-49 yrs (9) ___ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ___ American Indian, Alaskan Native
(20) ___ African American (60) ___ Other
(30) ___ Latino/a (99) ___ Unknown
(40) ___ Asian/Pacific Islander

LIVING SITUATION:

- (1) ___ Living Alone (6) ___ Non-relatives/Shared Expenses (99) ___ Other
(2) ___ Dependent Children (7) ___ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ___ Homeless
(4) ___ Parent/Guardian (10) ___ Institutionalized
(5) ___ Other Relatives (11) ___ Incarcerated

GROSS MONTHLY INCOME:

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- (1) ___ \$600 or Below (3) ___ \$901-1200 (5) ___ Above \$2400
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513110

EMPLOYMENT STATUS

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MEDICAL INSURANCE

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(2) ☐ Kaiser (6) ☐ Other Public Insurance
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(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
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HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
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(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
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(3) ☐ AIDS Dementia (6) ☐ None of the Above

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GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
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AGE:

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LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
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MEDICAL INSURANCE

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PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
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HIV STATUS:

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SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
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7/20

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SEXUAL ORIENTATION:

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LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
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(Before taxes, for individual client, not for household)

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5/31/20

EMPLOYMENT STATUS

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MEDICAL INSURANCE

- (1) ☐ Private Insurance (Incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
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PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (Incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
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(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/22

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
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(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☒ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/15

~~H. Smith~~

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☒ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/21

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513 110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/14

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/10

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
 (2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☒ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/10

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/15

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☒ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/~~European~~ ^{Hispanic} American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured *pending*
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

9/14

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☒ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

Rafiki House

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

recovering addict {CRACK-COCAINE}

9/92

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. DO NOT WRITE YOUR NAME.

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. DO NOT WRITE YOUR NAME.

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☒ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☒ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/1

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 14. (3) ☒ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☒ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above
- IN RECOVERY*

7/9

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☒ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown
- Doctor Dr. Harfield 490 Post*

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☒ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☒ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☒ AIDS Dementia (6) ☐ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. DO NOT WRITE YOUR NAME.

GENDER:

(1) ☒ Male (3) ☐ Other (Include Gender)

(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

(1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state

(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

(1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs

(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more

(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

(10) ☒ White/European American (50) ☐ American Indian, Alaskan Native

(20) ☐ African American (60) ☐ Other

(30) ☐ Latino/a (99) ☐ Unknown

(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

(1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other

(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses

(3) ☐ Spouse/Sign. Other (8) ☐ Homeless

(4) ☐ Parent/Guardian (10) ☐ Institutionalized

(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

(1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400

(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

(1) ☐ Full Time (35 or more hrs. per week)

(2) ☐ Part Time (less than 35 hrs per week)

(3) ☒ Not Employed

(9) ☐ Unknown

CAN'T WORK

MEDICAL INSURANCE

(1) ☐ Private Insurance (Incl. other HMOs)

(2) ☐ Kaiser

(3) ☒ Medical/Medicaid

(4) ☐ Medicare

(5) ☐ Medical/Medicare

(6) ☐ Other Public Insurance

(7) ☐ Uninsured

(9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

(1) ☐ Private Practice (Incl. other HMOs)

(2) ☐ Kaiser

(3) ☒ Community Health Center

(4) ☐ Hospital Outpatient Clinic

(5) ☐ Emergency Room

(6) ☐ VA, Military Hospital Outpatient or Indian Health Service

(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor

(8) ☐ No Primary Health Care Provider

(9) ☐ Unknown

HIV STATUS:

(1) ☐ HIV Positive (not Disabling)

(4) ☐ Relative, Friend or Partner of HIV +

(2) ☐ Disabling HIV/ARC

(9) ☐ Unknown

(3) ☒ AIDS

SPECIAL POPULATIONS

(1) ☒ Injection Drug User (IDU)

(4) ☐ Mental Illness

(2) ☐ Other Substance Abuse

(5) ☒ Mental Illness and Substance Abuse

(3) ☒ AIDS Dementia

(6) ☐ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☒ AIDS Dementia (6) ☐ None of the Above

9/1

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☒ AIDS Dementia (6) ☐ None of the Above

2/10

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☒ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☒ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☒ AIDS Dementia (6) ☐ None of the Above

819

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (551) (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☒ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☒ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

9/4

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☒ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☒ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

July 1992

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☒ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☒ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

August 1992
8/19

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☒ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☒ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☒ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/14

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☒ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☒ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☒ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

8/26

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☒ AIDS Dementia (6) ☐ None of the Above

July 1992

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. DO NOT WRITE YOUR NAME.

GENDER:

(1) ☒ Male (3) ☐ Other (Include Gender)

(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

(1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state

(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

(1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs

(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more

(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

(10) ☐ White/European American (50) ☐ American Indian, Alaskan Native

(20) ☒ African American (60) ☐ Other

(30) ☐ Latino/a (99) ☐ Unknown

(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

(1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other

(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses

(3) ☐ Spouse/Sign. Other (8) ☐ Homeless

(4) ☐ Parent/Guardian (10) ☐ Institutionalized

(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

(1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400

(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☒ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

9/92

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☒ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☒ AIDS Dementia (6) ☐ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/10

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☒ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

9/92

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☒ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☒ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/13

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☒ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

9/24/92

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. DO NOT WRITE YOUR NAME.

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/1

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

8/13

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:(1) ☒ Male(3) ☐ Other (Include Gender)(2) ☐ Female(9) ☐ Unknown**SEXUAL ORIENTATION:**(1) ☒ Gay Male(3) ☐ Bisexual(5) ☐ Decline to state(2) ☐ Lesbian(4) ☐ Heterosexual(6) ☐ Unsure(9) ☐ Unknown**AGE:**(1) ☐ 12 yrs or less(4) ☐ 25-29 yrs(7) ☐ 50-59 yrs(2) ☐ 13-17 yrs(5) ☒ 30-39 yrs(8) ☐ 60 yrs or more(3) ☐ 18-24 yrs(6) ☐ 40-49 yrs(9) ☐ Unknown**ETHNICITY:**(10) ☐ White/European American(50) ☐ American Indian, Alaskan Native(20) ☒ African American(60) ☐ Other(30) ☐ Latino/a(99) ☐ Unknown(40) ☐ Asian/Pacific Islander**LIVING SITUATION:**(1) ☐ Living Alone(6) ☐ Non-relatives/Shared Expenses(99) ☐ Other(2) ☐ Dependent Children(7) ☒ Non-relative/No Shared Expenses(3) ☐ Spouse/Sign. Other(8) ☐ Homeless(4) ☐ Parent/Guardian(10) ☐ Institutionalized(5) ☐ Other Relatives(11) ☐ Incarcerated**GROSS MONTHLY INCOME:**

(Before taxes, for individual client, not for household)

(1) ☐ \$600 or Below(3) ☐ \$901-1200(5) ☐ Above \$2400(2) ☒ \$601-900(4) ☐ \$1201-2400(9) ☐ Unknown

5/31/0

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
(2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☒ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/19

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. DO NOT WRITE YOUR NAME.

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

8/27

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/27

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
10 (3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☒ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☒ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/9

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☒ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/13

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☒ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 2 (3) ☒ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☒ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (Incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☒ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (Incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☒ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/21

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☒ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☒ Unknown

\$340

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☒ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☒ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☒ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/22

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/6

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (Incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (Incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

(1) ☒ Male (3) ☐ Other (Include Gender)

(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

(1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state

(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

(1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs

(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more

(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

(10) ☒ White/European American (50) ☐ American Indian, Alaskan Native

(20) ☐ African American (60) ☐ Other

(30) ☐ Latino/a (99) ☐ Unknown

(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

(1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other

(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses

(3) ☒ Spouse/Sign. Other (8) ☐ Homeless

(4) ☐ Parent/Guardian (10) ☐ Institutionalized

(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

(1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400

(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/8

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☒ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

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EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

July 1992

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☒ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- 35 (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

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EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/21

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☐ Not Employed
(2) ☒ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

July 92

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☒ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☒ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (Incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (Incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/24

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ___ Other (Include Gender)
(2) ___ Female (9) ___ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ___ Bisexual (5) ___ Decline to state
(2) ___ Lesbian (4) ___ Heterosexual (6) ___ Unsure (9) ___ Unknown

AGE:

- 23 (1) ___ 12 yrs or less (4) ___ 25-29 yrs (7) ___ 50-59 yrs
(2) ___ 13-17 yrs (5) ☒ 30-39 yrs (8) ___ 60 yrs or more
(3) ___ 18-24 yrs (6) ___ 40-49 yrs (9) ___ Unknown

ETHNICITY:

- (10) ___ White/European American (50) ___ American Indian, Alaskan Native
(20) ☒ African American (60) ___ Other
(30) ___ Latino/a (99) ___ Unknown
(40) ___ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ___ Non-relatives/Shared Expenses (99) ___ Other
(2) ___ Dependent Children (7) ___ Non-relative/No Shared Expenses
(3) ___ Spouse/Sign. Other (8) ___ Homeless
(4) ___ Parent/Guardian (10) ___ Institutionalized
(5) ___ Other Relatives (11) ___ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ___ \$901-1200 (5) ___ Above \$2400
(2) ___ \$601-900 (4) ___ \$1201-2400 (9) ___ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
2 (2) ☒ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/26

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ___ Other (Include Gender)
(2) ___ Female (9) ___ Unknown

SEXUAL ORIENTATION:

- (1) ___ Gay Male (3) ___ Bisexual (5) ___ Decline to state
(2) ___ Lesbian (4) ☒ Heterosexual (6) ___ Unsure (9) ___ Unknown

AGE:

- (1) ___ 12 yrs or less (4) ___ 25-29 yrs (7) ___ 50-59 yrs
(2) ___ 13-17 yrs (5) ___ 30-39 yrs (8) ___ 60 yrs or more
(3) ___ 18-24 yrs (6) ☒ 40-49 yrs (9) ___ Unknown

ETHNICITY:

- (10) ___ White/European American (50) ___ American Indian, Alaskan Native
(20) ☒ African American (60) ___ Other
(30) ___ Latino/a (99) ___ Unknown
(40) ___ Asian/Pacific Islander

LIVING SITUATION:

- (1) ___ Living Alone (6) ___ Non-relatives/Shared Expenses (99) ___ Other
(2) ___ Dependent Children (7) ___ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ___ Homeless
(4) ___ Parent/Guardian (10) ___ Institutionalized
(5) ___ Other Relatives (11) ___ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ___ \$901-1200 (5) ___ Above \$2400
(2) ___ \$601-900 (4) ___ \$1201-2400 (9) ___ Unknown

3

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☒ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

8/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1)___Male (3) ☒ Other (Include Gender)
(2)___Female (9)___Unknown

SEXUAL ORIENTATION:

- (1)___Gay Male (3)___Bisexual (5) ☒ Decline to state
(2)___Lesbian (4)___Heterosexual (6)___Unsure (9)___Unknown

AGE:

- (1)___12 yrs or less (4) ☒ 25-29 yrs (7)___50-59 yrs
(2)___13-17 yrs (5)___30-39 yrs (8)___60 yrs or more
(3)___18-24 yrs (6)___40-49 yrs (9)___Unknown

ETHNICITY:

- (10) ☒ White/European American (50)___American Indian, Alaskan Native
(20)___African American (60)___Other
(30)___Latino/a (99)___Unknown
(40)___Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6)___Non-relatives/Shared Expenses (99)___Other
(2)___Dependent Children (7)___Non-relative/No Shared Expenses
(3)___Spouse/Sign. Other (8)___Homeless
(4)___Parent/Guardian (10)___Institutionalized
(5)___Other Relatives (11)___Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3)___\$901-1200 (5)___Above \$2400
(2)___\$601-900 (4)___\$1201-2400 (9)___Unknown

513110

6

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/28

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

8/13

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

8/18

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/17

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☒ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☒ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (Incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (Incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/3

25

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☒ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

3

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/29

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicare (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

2/4

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☒ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

9/11

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
(2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☒ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/30

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☒ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/11

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

(1) ☐ Male (3) ☐ Other (Include Gender)

(2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

(1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state

(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

(1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs

(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more

(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

(10) ☐ White/European American (50) ☐ American Indian, Alaskan Native

(20) ☒ African American (60) ☐ Other

(30) ☐ Latino/a (99) ☐ Unknown

(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

(1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other

(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses

(3) ☐ Spouse/Sign. Other (8) ☐ Homeless

(4) ☐ Parent/Guardian (10) ☐ Institutionalized

(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

(1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400

(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (Incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☒ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (Incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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1

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☒ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (5) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

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EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☐ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☒ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/28

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

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EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☒ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown
- Early Care*

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

August '92

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☒ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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③

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
(2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☒ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☐ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☒ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☒ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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(28)

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☒ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

(4) (2)

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☒ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☒ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

9/8

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

August 1992

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
(2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☒ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/6

5

11

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
(2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☒ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

9

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☒ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☒ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/07

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
(2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☒ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☒ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

43

43

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☒ AIDS Dementia (6) ☐ None of the Above

Sept '92

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☒ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110 06/92

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☒ AIDS Dementia (6) ☐ None of the Above

7/29

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. DO NOT WRITE YOUR NAME.

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

3

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☐ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☒ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☒ AIDS Dementia (6) ☐ None of the Above

7/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☒ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

July

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☒ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

9

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☐ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☒ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☒ Injection Drug User (IDU) (4) ☒ Mental Illness
(2) ☒ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

7/30

(2)

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☒ Unknown

573110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week)
(2) ☐ Part Time (less than 35 hrs per week)

- (3) ☒ Not Employed
(9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs)
(2) ☐ Kaiser
(3) ☐ Medical/Medicaid
(4) ☐ Medicare

- (5) ☐ Medical/Medicare
(6) ☐ Other Public Insurance
(7) ☐ Uninsured
(9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser

- (3) ☐ Community Health Center

- (4) ☐ Hospital Outpatient Clinic

- (5) ☐ Emergency Room

- (6) ☐ VA, Military Hospital Outpatient or Indian Health Service

- (7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor

- (8) ☒ No Primary Health Care Provider

- (9) ☒ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling)

- (4) ☐ Relative, Friend or Partner of HIV +

- (2) ☐ Disabling HIV/ARC

- (9) ☐ Unknown

- (3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU)

- (4) ☐ Mental Illness

- (2) ☐ Other Substance Abuse

- (5) ☒ Mental Illness and Substance Abuse

- (3) ☐ AIDS Dementia

- (6) ☐ None of the Above

8/20

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
 (2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
 (2) ☐ Kaiser (6) ☐ Other Public Insurance
 (3) ☒ Medical/Medicaid (7) ☐ Uninsured
 (4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
 (3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
 (5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
 (7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
 (9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
 (2) ☒ Disabling HIV/ARC (9) ☐ Unknown
 (3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
 (2) ☐ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
 (3) ☐ AIDS Dementia (6) ☐ None of the Above

7/6

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

5

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☒ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☒ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☒ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☒ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/6

5

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☒ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☒ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☒ Unknown

513110

EMPLOYMENT STATUS

- (1) ☒ Full Time (35 or more hrs. per week) (3) ☐ Not Employed
 (2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☒ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
 (2) ☐ Kaiser (6) ☐ Other Public Insurance
 (3) ☐ Medical/Medicaid (7) ☐ Uninsured
 (4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☒ Private Practice (incl. other HMOs) (2) ☐ Kaiser
 (3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
 (5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
 (7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
 (9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
 (2) ☐ Disabling HIV/ARC (9) ☐ Unknown
 (3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
 (2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
 (3) ☐ AIDS Dementia (6) ☒ None of the Above

8/6

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
 (2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☒ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below *Per Mo.* (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

8/11

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☒ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☒ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ S.F.G.H. Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/30

(33)

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☒ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

8/16

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

573110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☒ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

8/26

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☒ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☐ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☒ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☒ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☒ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☒ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☒ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

8/31

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☒ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☒ Unsure *TRANSEXUAL* (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☒ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☐ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☒ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☒ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☒ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

July 92
7/2/92

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. DO NOT WRITE YOUR NAME.

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☒ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☐ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☒ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (Incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (Incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☒ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☒ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☐ Disabling HIV/ARC (9) ☒ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

8/28

①

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☒ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

8/28

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☒ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☐ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☒ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

8/3

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

1/27

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☒ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. DO NOT WRITE YOUR NAME.

GENDER:

- (1) ☒ Male (3) ☐ Other (include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☒ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

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EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☒ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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(9)

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☒ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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30

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☒ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

9/10

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☒ Other (Include Gender) **TV**
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state **TV**
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☒ ~~Unknown~~

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

9/8

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☒ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☒ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☐ None of the Above

N/A

8/25

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☐ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 30 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☒ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/1

(2)

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☒ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☒ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☒ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☒ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

August 1992

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☐ Male (3) ☐ Other (Include Gender)
(2) ☒ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☒ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☒ Spouse/Sign. Other (8) ☐ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☒ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/22

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☒ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☒ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ *Income* Unknown

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EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (Incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☒ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (Incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☒ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

7/20

14

BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
 (2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
 (2) ☐ Lesbian (4) ☐ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
 (2) ☐ 13-17 yrs (5) ☒ 30-39 yrs (8) ☐ 60 yrs or more
 (3) ☐ 18-24 yrs (6) ☐ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
 (20) ☒ African American (60) ☐ Other
 (30) ☐ Latino/a (99) ☐ Unknown
 (40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
 (2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
 (3) ☐ Spouse/Sign. Other (8) ☒ Homeless
 (4) ☐ Parent/Guardian (10) ☐ Institutionalized
 (5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
 (2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

513110

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☒ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentially shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☐ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
(2) ☐ Lesbian (4) ☒ Heterosexual (6) ☐ Unsure (9) ☐ Unknown

AGE:

- (1) ☐ 12 yrs or less (4) ☐ 25-29 yrs (7) ☐ 50-59 yrs
(2) ☐ 13-17 yrs (5) ☐ 30-39 yrs (8) ☐ 60 yrs or more
(3) ☐ 18-24 yrs (6) ☒ 40-49 yrs (9) ☐ Unknown

ETHNICITY:

- (10) ☐ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☒ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☐ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☒ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☒ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☐ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☐ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☒ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☒ No Primary Health Care Provider
(9) ☐ Unknown

HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
(2) ☒ Disabling HIV/ARC (9) ☐ Unknown
(3) ☐ AIDS

SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above

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BAHSES

Please complete the questionnaire. We are mandated by our funding source to provide this information. The results will be compiled for all clients and confidentiality shared with local and state as well as federal government. **DO NOT WRITE YOUR NAME.**

GENDER:

- (1) ☒ Male (3) ☐ Other (Include Gender)
(2) ☐ Female (9) ☐ Unknown

SEXUAL ORIENTATION:

- (1) ☒ Gay Male (3) ☐ Bisexual (5) ☐ Decline to state
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- (10) ☒ White/European American (50) ☐ American Indian, Alaskan Native
(20) ☐ African American (60) ☐ Other
(30) ☐ Latino/a (99) ☐ Unknown
(40) ☐ Asian/Pacific Islander

LIVING SITUATION:

- (1) ☒ Living Alone (6) ☐ Non-relatives/Shared Expenses (99) ☐ Other
(2) ☐ Dependent Children (7) ☐ Non-relative/No Shared Expenses
(3) ☐ Spouse/Sign. Other (8) ☒ Homeless
(4) ☐ Parent/Guardian (10) ☐ Institutionalized
(5) ☐ Other Relatives (11) ☐ Incarcerated

GROSS MONTHLY INCOME:

(Before taxes, for individual client, not for household)

- (1) ☐ \$600 or Below (3) ☐ \$901-1200 (5) ☐ Above \$2400
(2) ☒ \$601-900 (4) ☐ \$1201-2400 (9) ☐ Unknown

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EMPLOYMENT STATUS

- (1) ☐ Full Time (35 or more hrs. per week) (3) ☒ Not Employed
(2) ☐ Part Time (less than 35 hrs per week) (9) ☐ Unknown

MEDICAL INSURANCE

- (1) ☐ Private Insurance (incl. other HMOs) (5) ☒ Medical/Medicare
(2) ☐ Kaiser (6) ☐ Other Public Insurance
(3) ☐ Medical/Medicaid (7) ☐ Uninsured
(4) ☐ Medicare (9) ☐ Unknown

PRIMARY HEALTH CARE SOURCE

- (1) ☐ Private Practice (incl. other HMOs) (2) ☐ Kaiser
(3) ☐ Community Health Center (4) ☐ Hospital Outpatient Clinic
(5) ☐ Emergency Room (6) ☐ VA, Military Hospital Outpatient or Indian Health Service
(7) ☐ Other primary Health Care Provider/Acupuncturist or Chiropractor (8) ☐ No Primary Health Care Provider
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HIV STATUS:

- (1) ☐ HIV Positive (not Disabling) (4) ☐ Relative, Friend or Partner of HIV +
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SPECIAL POPULATIONS

- (1) ☐ Injection Drug User (IDU) (4) ☐ Mental Illness
(2) ☐ Other Substance Abuse (5) ☐ Mental Illness and Substance Abuse
(3) ☐ AIDS Dementia (6) ☒ None of the Above