

Welcome to MEDA!



We need to collect some useful information. We will protect and honor your story.

Let's start with you...

My full name _____
First Middle Last

My birthdate ____/____/____
(MM) (DD) (YYYY)

Street _____ City _____ State _____ Zip _____

Preferred phone _____ Circle one: Home Mobile

Secondary phone _____ Circle one: Home Mobile

Email _____ @ _____ . _____

My gender:

- Female
 Male
 Transgender

My country of birth:

- USA
 Outside the USA

1 My Language:

I prefer service in: (choose one)

- Spanish
 English
 Mandarin
 Cantonese
 Other

2 My Ethnicity:

- I am Hispanic or Latino
 I do not consider myself Hispanic or Latino

My racial identity (please choose one):

- Asian
 African American or Black
 Native American or Alaska Native
 Pacific Islander (including Hawaiian)
 White
 Multi-racial
 I prefer not to answer
 Other not listed _____

3 My Family Status:

Do you have children?

- Yes
 No

Marital status: (choose one)

- Married
 Single
 Divorced or separated
 In a domestic partnership
 Other _____

4 My Work:

- Employed full time
 Employed part time

My job title is:

- Unemployed right now
(If you want help finding work, please check out our Workforce Development program)
 Self-employed
(We have a program to help your small business grow)
 Retired
 Not working because of a disability
 Not working by choice
 Student. School name: _____

5 My Education:

- Less than high school
 High school diploma or equivalent (GED)
 Some college
 Associate's Degree
 Bachelor's Degree
 Master's Degree or more

My Household

We protect everyone's identity very seriously, as explained in the consent sharing that follows. Understanding your household will help us provide you the best services possible. Please complete all that applies.

6 Our Living Situation:

Do you own or rent your current housing?

- Own our home
 Rent with rent control
 Rent without rent control

How secure do you feel in your current housing situation?

- Secure for the next year or more
 Not secure—potential to lose housing within a year

Currently looking for housing?

- Yes No

7 Our household income:

Before taxes, my household earns about \$_____ per year.

8 We receive these benefits to help support our family:

Groceries & Food:

- CalFresh
- CalWORKs
- WIC
- School lunch program

Health:

- Medi-Cal
- Covered California (ACA)
- Healthy San Francisco

Work:

- Unemployment
- Disability (SSI/SDI)

Transportation:

- Discounted MUNI passes
- PG&E discount

Utilities:

- LifeLife telephone discount
- Low-cost internet

Other: _____

9 Our Technology at Home:

Internet Access:

- We have internet at home
- We do not have internet at home

Home Devices:

Check all that apply.

- Computer or laptop
- Tablet
- Smartphone

10 Children's Health:

If you have children, where do you take them when they are sick and need a doctor (non-emergency)?

- We see their regular doctor
- We do not have a regular doctor, so we go to the emergency room or clinic

The facility or hospital we go to is:

11 Other Adults in Household (besides myself):

Full name: First, MI, Last					
Birthdate:	Relationship to you: (Circle one)	Spouse	Parent	Unrelated Adult	Other

Full name: First, MI, Last					
Birthdate:	Relationship to you: (Circle one)	Spouse	Parent	Unrelated Adult	Other

Full name: First, MI, Last					
Birthdate:	Relationship to you: (Circle one)	Spouse	Parent	Unrelated Adult	Other

Thank you for coming to MEDA!

MEDA offers many free programs.

Please check all that interest you:

- Financial Capability—income, savings, debt, credit, budget
- Job Training/Readiness
- Pre-school
- Preparing for college
- Loans, Secured Credit Card, bank accounts
- Rental counseling, help with housing
- Computer training
- Buying a home , keeping your home
- Parenting classes
- ITIN application, tax filing
- English classes
- Please do not send me MEDA news via email