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 Middle My birthdate (MM) State _____ Zip ____ Street City_ Preferred phone_ Circle one: Home Mobile Secondary phone___ Circle one: Home Mobile Email (4) My Work: My gender: Female Employed full time Male Employed part time Transgender My job title is: My country of birth: Unemployed right now (If you want help finding work, please check out our Workforce Development program) Outside the USA Self-employed (We have a program to help your small business grow) My Language: Retired I prefer service in: (choose one) Not working because of a disability Spanish Not working by choice English Student. School name:___ Mandarin Cantonese Other **(5)** My Education: My Ethnicity: Less than high school High school diploma or equivalent (GED) I am Hispanic or Latino Some college I do not consider myself Hispanic or Latino Associate's Degree My racial identity (please choose one): Bachelor's Degree Asian Master's Degree or more African American or Black Native American or Alaska Native My Household Pacific Islander (including Hawaiian) We protect everyone's identity very seriously, as explained in the consent sharing that follows. 7 White Understanding your household will help us provide Multi-racial you the best services possible. Please complete all that applies. I prefer not to answer igclus Other not listed ot**(6) Our Living Situation:** Do you own or rent your current housing? **My Family Status:** Own our home Do you have children? Rent with rent control Yes Rent without rent control How secure do you feel in your current housing Marital status: (choose one) situation? Married Secure for the next year or more Single Not secure—potential to lose housing within Divorced or separated a year In a domestic partnership Currently looking for housing? Yes Other_ **(7)** Our household income:

Before taxes, my household earns about

per year.

support our family	V:					
			Interne	et Access		
Groceries & Food:			v	Ve have int	ernet at home	
CalFresh			v	Ve do not l	nave internet at hom	e
CalWORK	.s		Home	Devices:		
WIC				all that app	lv	
School lur	nch program			Computer o		
Health:				ablet	л тартор	
Medi-Cal						
Covered	California (ACA)		3	martphone	=	
	an Francisco	10	Children's	Health:		
		_	If you have ch	ildren, whe	ere do you take them	n wh
Work:					doctor (non-emerge	
Unemploy			We see	their regu	lar doctor	
Disability	(331/301)		We do	not have a	regular doctor, so w	/e q
Transportation	1:				om or clinic	J
Discounted MUNI passes			The facility or hospital we go to is:			
PG&E dise	count		THE TACHILY OF	nospital W	c 90 to 13.	
Utilities:						
	lephone discount					
Low-cost	·					
	internet					
Birthdate:	Relationship to you: (Circle one)	Spouse	Parent	Unrelated Adult	C
Full name: First, MI,	Last					
Birthdate:	Relationship to you: (Circle one)	Spouse	Parent	Unrelated Adult	
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