

Adult Contact Information

Contact Information			
Last Name:	First Name:	Date of Birth:	
Preferred Name:		Email Address(optional):	
Street Address:		City, State:	ZIP:
Primary Phone: _____	Work Phone: _____	Other Phone: _____	
Safe to Call? Y N	Safe to Call? Y N	Safe to Call? Y N	
Okay to Text? Y N	Okay to Text? Y N	Okay to Text? Y N	
Leave Message? Y N	Leave Message? Y N	Leave Message? Y N	
Identify as from NYFS? Y N	Identify as from NYFS? Y N	Identify as from NYFS? Y N	
Person to Contact in an Emergency:	Relationship to you:	Phone:	

Demographics (optional):			
Race: <i>Check all that apply</i> <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Latinx or Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White Non-Latinx or Caucasian <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other Race	Please check if you have: <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Mobility impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Other:	Annual Household Income: <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$29,999 <input type="checkbox"/> \$30,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$149,999 <input type="checkbox"/> \$150,000+	Level of education: <input type="checkbox"/> Less than High School <input type="checkbox"/> Some High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Technical/Trade School <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctoral Degree
Ethnic/Cultural Identity: We recognize that the Federal racial categories listed above are limiting. Please write below whatever terms or phrases you find most descriptive of your ethnic or cultural identity or identities.			Primary Language:
Gender:	Pronouns:	Sexual Orientation:	Relationship Status:
Number of Household Members:	Current Occupation:	Average Weekly Hours (PT/FT):	Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran
How did you learn about NYFS?			