

ADDITIONAL HOUSEHOLD MEMBER INFORMATION FORM – B



| | | | |
|--------------------------------------|--|---|--|
| PRIMARY CLIENT | | | |
| LAST NAME _____ | | FIRST NAME _____ | |
| | | MIDDLE NAME _____ | |
| DATE OF BIRTH: _____ / _____ / _____ | | ESTIMATED D.O.B. <input type="checkbox"/> | |
| YYYY | | MM DD | |
| | | GENDER _____ | |

| | | | |
|---|--|--|---|
| HOUSEHOLD MEMBER #1 | | | |
| LAST NAME _____ | | FIRST NAME _____ | |
| | | MIDDLE NAME _____ | |
| DATE OF BIRTH: _____ / _____ / _____ | | ESTIMATED D.O.B. <input type="checkbox"/> | |
| YYYY | | MM DD | |
| | | GENDER _____ | |
| RACIAL IDENTITY | <input type="checkbox"/> FILIPINO | <input type="checkbox"/> LATIN AMERICAN | <input type="checkbox"/> WHITE |
| <input type="checkbox"/> ARAB | <input type="checkbox"/> INDIGENOUS | <input type="checkbox"/> SOUTH ASIAN | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> BLACK | <input type="checkbox"/> JAPANESE | <input type="checkbox"/> SOUTHEAST ASIAN | <input type="checkbox"/> PREFER NOT TO ANSWER |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> KOREAN | <input type="checkbox"/> WEST ASIAN | |
| DO YOU HAVE A DISABILITY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER |
| IN CANADA 10 YEARS OR LESS? | <input type="checkbox"/> YES | SINCE: _____ | |
| | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER | |
| SELF-IDENTIFIES AS | <input type="checkbox"/> 2SLGBTQIA+ | <input type="checkbox"/> LIVING IN CANADA 1 YEAR OR LESS | <input type="checkbox"/> NONE |
| <input type="checkbox"/> AFRICAN NOVA SCOTIAN | <input type="checkbox"/> UNDER 18 POST-SECONDARY STUDENT | <input type="checkbox"/> PREFER NOT TO ANSWER | |
| POST-SECONDARY STUDENT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER |

| | | | |
|---|--|--|---|
| HOUSEHOLD MEMBER #2 | | | |
| LAST NAME _____ | | FIRST NAME _____ | |
| | | MIDDLE NAME _____ | |
| DATE OF BIRTH: _____ / _____ / _____ | | ESTIMATED D.O.B. <input type="checkbox"/> | |
| YYYY | | MM DD | |
| | | GENDER _____ | |
| RACIAL IDENTITY | <input type="checkbox"/> FILIPINO | <input type="checkbox"/> LATIN AMERICAN | <input type="checkbox"/> WHITE |
| <input type="checkbox"/> ARAB | <input type="checkbox"/> INDIGENOUS | <input type="checkbox"/> SOUTH ASIAN | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> BLACK | <input type="checkbox"/> JAPANESE | <input type="checkbox"/> SOUTHEAST ASIAN | <input type="checkbox"/> PREFER NOT TO ANSWER |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> KOREAN | <input type="checkbox"/> WEST ASIAN | |
| DO YOU HAVE A DISABILITY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER |
| IN CANADA 10 YEARS OR LESS? | <input type="checkbox"/> YES | SINCE: _____ | |
| | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER | |
| SELF-IDENTIFIES AS | <input type="checkbox"/> 2SLGBTQIA+ | <input type="checkbox"/> LIVING IN CANADA 1 YEAR OR LESS | <input type="checkbox"/> NONE |
| <input type="checkbox"/> AFRICAN NOVA SCOTIAN | <input type="checkbox"/> UNDER 18 POST-SECONDARY STUDENT | <input type="checkbox"/> PREFER NOT TO ANSWER | |
| POST-SECONDARY STUDENT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER |

ADDITIONAL HOUSEHOLD MEMBER INFORMATION FORM – B



| | | | |
|---|--|--|---|
| HOUSEHOLD MEMBER #3 | | | |
| LAST NAME _____ | | FIRST NAME _____ | |
| | | MIDDLE NAME _____ | |
| DATE OF BIRTH: _____ / _____ / _____ | | ESTIMATED D.O.B. <input type="checkbox"/> | |
| YYYY MM DD | | GENDER _____ | |
| RACIAL IDENTITY | <input type="checkbox"/> FILIPINO | <input type="checkbox"/> LATIN AMERICAN | <input type="checkbox"/> WHITE |
| <input type="checkbox"/> ARAB | <input type="checkbox"/> INDIGENOUS | <input type="checkbox"/> SOUTH ASIAN | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> BLACK | <input type="checkbox"/> JAPANESE | <input type="checkbox"/> SOUTHEAST ASIAN | <input type="checkbox"/> PREFER NOT TO ANSWER |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> KOREAN | <input type="checkbox"/> WEST ASIAN | |
| DO YOU HAVE A DISABILITY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER |
| IN CANADA 10 YEARS OR LESS? | <input type="checkbox"/> YES | SINCE: _____ | |
| | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER | |
| SELF-IDENTIFIES AS | <input type="checkbox"/> 2SLGBTQIA+ | <input type="checkbox"/> LIVING IN CANADA 1 YEAR OR LESS | <input type="checkbox"/> NONE |
| <input type="checkbox"/> AFRICAN NOVA SCOTIAN | <input type="checkbox"/> UNDER 18 POST-SECONDARY STUDENT | <input type="checkbox"/> PREFER NOT TO ANSWER | |
| POST-SECONDARY STUDENT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER |

| | | | |
|---|--|--|---|
| HOUSEHOLD MEMBER #4 | | | |
| LAST NAME _____ | | FIRST NAME _____ | |
| | | MIDDLE NAME _____ | |
| DATE OF BIRTH: _____ / _____ / _____ | | ESTIMATED D.O.B. <input type="checkbox"/> | |
| YYYY MM DD | | GENDER _____ | |
| RACIAL IDENTITY | <input type="checkbox"/> FILIPINO | <input type="checkbox"/> LATIN AMERICAN | <input type="checkbox"/> WHITE |
| <input type="checkbox"/> ARAB | <input type="checkbox"/> INDIGENOUS | <input type="checkbox"/> SOUTH ASIAN | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> BLACK | <input type="checkbox"/> JAPANESE | <input type="checkbox"/> SOUTHEAST ASIAN | <input type="checkbox"/> PREFER NOT TO ANSWER |
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> KOREAN | <input type="checkbox"/> WEST ASIAN | |
| DO YOU HAVE A DISABILITY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER |
| IN CANADA 10 YEARS OR LESS? | <input type="checkbox"/> YES | SINCE: _____ | |
| | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER | |
| SELF-IDENTIFIES AS | <input type="checkbox"/> 2SLGBTQIA+ | <input type="checkbox"/> LIVING IN CANADA 1 YEAR OR LESS | <input type="checkbox"/> NONE |
| <input type="checkbox"/> AFRICAN NOVA SCOTIAN | <input type="checkbox"/> UNDER 18 POST-SECONDARY STUDENT | <input type="checkbox"/> PREFER NOT TO ANSWER | |
| POST-SECONDARY STUDENT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> PREFER NOT TO ANSWER |