PARTICIPANT INFORMATION

This program is made available to you through generous funding from donors and grants. We are gathering basic information from our clients to guide our programs and services to better meet your needs. Our grant funders also require this information from us to provide information on who we are serving. Your personal information is kept private and is only used by our program staff.

Thank you for sharing your information as it helps to ensure our programs will continue and be available in the future for individuals like you!

How did you hear about this program? _____

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Geographic Location: ☐ Rural ☐ Urban (greater than 50,000 residents)

Best Phone: _____ ☐ Cell ☐ Home ☐ Work

Email: _____

Age: ☐ Under 60 ☐ Over 60 **Gender Identification:** ☐ Male ☐ Female ☐ Other

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic of Latino

Race: ☐ White ☐ Black or African American ☐ Asian or Asian American

☐ American Indian or Alaskan Native ☐ Native Hawaiian or other Pacific Islander

Military Status: ☐ Served in the military ☐ Has not served in the military

Living Arrangement:

☐ Lives alone, has an identified caregiver ☐ Lives alone, has no identified caregiver

☐ Lives with a caregiver ☐ Lives with someone who is not a caregiver

Additional Contact for Correspondence *(Primary Family Member or Friend, Care/Support Partner, Power of Attorney):*

Name: _____

Best Phone: _____ ☐ Cell ☐ Home ☐ Work

Email: _____

Thank you for helping us continue CaringKind's programs and services.

Comments: _____

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