

Patient Demographics

Please fill out the information below for **your household**. Household size is defined as all people living in your home EXCEPT for those you are not financially responsible for. Marital Status is not a factor in determining household. Your information will be kept confidential.

Household Members									
Name	Date of Birth	Primary Language	Race			Ethnicity	Homeless	Veteran	COMC Patient
			White	Native Hawaiian/Pacific Islander	Black/African American	Asian			
		<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> English <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please mark the income range for the appropriate Household size.

Income Table				
Household Size	Income	Income	Income	Income
1	<input type="checkbox"/> \$0 - \$11,880	<input type="checkbox"/> \$11,881 - \$15,800	<input type="checkbox"/> \$15,801 - \$19,720	<input type="checkbox"/> Over \$19,721
2	<input type="checkbox"/> \$0 - \$16,020	<input type="checkbox"/> \$16,021 - \$21,306	<input type="checkbox"/> \$21,307 - \$26,593	<input type="checkbox"/> Over \$26,594
3	<input type="checkbox"/> \$0 - \$20,160	<input type="checkbox"/> \$20,161 - \$26,812	<input type="checkbox"/> \$26,813 - \$33,465	<input type="checkbox"/> Over \$33,466
4	<input type="checkbox"/> \$0 - \$24,300	<input type="checkbox"/> \$24,301 - \$33,649	<input type="checkbox"/> \$33,650 - \$40,338	<input type="checkbox"/> Over \$40,339
5	<input type="checkbox"/> \$0 - \$28,440	<input type="checkbox"/> \$28,441 - \$37,825	<input type="checkbox"/> \$37,826 - \$47,210	<input type="checkbox"/> Over \$47,211
6	<input type="checkbox"/> \$0 - \$32,580	<input type="checkbox"/> \$32,581 - \$43,331	<input type="checkbox"/> \$43,332 - \$54,082	<input type="checkbox"/> Over \$54,083
7	<input type="checkbox"/> \$0 - \$36,730	<input type="checkbox"/> \$36,731 - \$48,850	<input type="checkbox"/> \$48,851 - \$60,971	<input type="checkbox"/> Over \$60,972
8	<input type="checkbox"/> \$0 - \$40,890	<input type="checkbox"/> \$40,891 - \$54,383	<input type="checkbox"/> \$54,384 - \$67,877	<input type="checkbox"/> Over \$67,878

