



Name: \_\_\_\_\_

Date of application: \_\_\_\_\_

Desired Name: \_\_\_\_\_  
What would you like us to call you?

Date of birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ mm/dd/yyyy

Address: \_\_\_\_\_

Gender:  Male  Female  Transgender

Town: \_\_\_\_\_, NY \_\_\_\_\_  
Zip Code

HIV/AIDS status (choose only one):  
 HIV+  HIV + Status Unknown  
 CDC Defined AIDS

County: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Are you currently employed?  Yes  No  
 Are you a U.S. veteran?  Yes  No

Referred from: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Extension: \_\_\_\_\_

How may we contact you? (choose all that apply):

Phone  Mail  In-Person  By Email at (enter address): \_\_\_\_\_

Race:

White  American Indian or Alaska Native  Asian  
 Black/African American  Native Hawaiian/Pacific Islander  MTOR

Ethnicity:

Do you identify as Hispanic?  
 Yes  No

Citizenship: Are you a U.S. citizen?  Yes  No Soc Sec #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a resident alien?  Yes  No Alien Number (if applicable): A \_\_\_\_\_

Sexual Orientation: Do you identify as?  Heterosexual  Homosexual  Bisexual

Risk Factor:

Men having sex with men  Men having sex with men & injection drug use  Blood Transfusion  
 Heterosexual  Transmission from Mother  Hemophilia/Coagulation Disorder  
 Injection drug use

Health Insurance:

Medicare  Straight Medicaid  HMO Medicaid  NYS HMO  ADAP (NYS DOH UCP)  No Insurance  
 Other: \_\_\_\_\_

Housing Type:

Single Female  Single Parent, Female  Two Parent Household  
 Single Male  Single Parent, Male  Two Adults, No Child

Housing:  Rental  Shared  Own (Mortgage)  Homeless  Other: \_\_\_\_\_

Monthly Total Household Income: \$ _____			Total Family Size: _____		
Member of Household	Date of Birth	Relationship	Highest Education Level	Monthly Income	Income Source*
		Self		\$	
				\$	
				\$	
				\$	
				\$	

\* E – Employment EP – Employment plus Other U – Unemployed PA – Public Assistance P – Pension HR – Home Relief SI – SSI SD – SSD  
 A – Alimony C – Child Support O – Other: \_\_\_\_\_

FPL %:  <100%  101% - 200%  201% - 300%  301% - 434%  435% - over