THURSDAY'S CHILD

Support, Prevention, Care For All
Free & Confidential HIV Services On Long Island

All information will be kept strictly confidential.

Name: _____

Desired Name: _____
What would you like us to call you?

Address: _____

Town: _____, NY _____
Zip Code

County: _____

Home Phone: ( ) _____ - _____

Cell Phone: ( ) _____ - _____

Date of application: _____

Date of birth: _____
mm/dd/yyyy

Age: _____

Gender: ☐ Male ☐ Female ☐ Trans (MtF, FtM, NB)

HIV Diagnosis date: mm/dd/yyyy _____
required

AIDS Diagnosis date: _____
if applicable

Are you currently employed? ☐ Yes ☐ No

Are you a U.S. veteran? ☐ Yes ☐ No

Referred from: _____
Name of Organization and Staff Member

Phone: ( ) _____ - _____

Extension: _____

Pharmacy: _____

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

☐ Phone ☐ Mail ☐ In-Person ☐ By Email at (enter address): _____

What language do you speak? _____

Race:

☐ White ☐ American Indian or Alaska Native ☐ Asian
☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ MTOR (more than one race)

Ethnicity:

Do you identify as Hispanic?

☐ Yes ☐ No

If yes,:

Do you identify as:

☐ Mexican ☐ Puerto Rican
☐ Cuban ☐ Another Hispanic, Latino/a origin

Sexual Orientation: Do you identify as? ☐ Heterosexual ☐ Homosexual ☐ Bisexual

Risk Factor:

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

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 Children

Housing: ☐ Rental ☐ Shared ☐ Own (Mortgage) ☐ Homeless ☐ Other: _____

Annual Total Household Income: $ _____ Total Family Size: _____

Member of Household	*Date of Birth*	*Relationship*	*Highest Education Level*	*Monthly Income*	*Income Source**
				$	
				$	
				$	

** 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% - 499% ( ) 500%-over