



Name: _____

Date of application: _____

Desired Name: _____

Date of birth: _____

What would you like us to call you?

Age: _____ mm/dd/yyyy

Address: _____

Gender

Male Female Trans (MtF, FtM, NB)

Town: _____, NY _____

HIV/AIDS status (choose only one):

Zip Code

HIV+ HIV + Status Unknown

County: _____

CDC Defined AIDS

Home Phone: () _____ - _____

Are you currently employed? Yes No

Cell Phone: () _____ - _____

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

Pharmacy: _____

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: _____