



## Miscellaneous and Emergency Information

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Legal Name** (Do not use nicknames)

\_\_\_\_\_  
First Name Middle Name Last Name Suffix (Jr, Sr)

**Permanent Address** (Do not use a PO Box Number)

\_\_\_\_\_  
Street City/State Zip Home Phone

**Mailing Address** (If different)

\_\_\_\_\_  
Street City/State Zip Cell Phone

**Email Address:** \_\_\_\_\_

## EMERGENCY CONTACT

\_\_\_\_\_  
Name Relationship Emergency Phone

\_\_\_\_\_  
Street (If Different) City/State Zip Cell Phone

## DEMOGRAPHIC INFORMATION (used for mandated State and Federal reports)

\_\_\_\_\_  
Birth Date ☐ Yes ☐ No ☐ Female ☐ Male  
Over 40 Years Old Gender

**Disability** (Based on the definition to the right)

☐ Yes ☐ No

DEFINITION: An individual with a disability is defined by the DFEH as a person who has a physical or mental impairment that limits one or more major life activities, or a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

### Ethnicity

1. Are you Hispanic/Latino: (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)?

☐ Yes, Hispanic/Latino ☐ No, not Hispanic/Latino

2. Please select race(s) from the list below (choose all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Chinese (AC)               | <input type="checkbox"/> Hispanic (H)                       |
| <input type="checkbox"/> Asian Indian (AI)          | <input type="checkbox"/> American Indian/Alaskan Native (N) |
| <input type="checkbox"/> Japanese (AJ)              | <input type="checkbox"/> Guamanian (PG)                     |
| <input type="checkbox"/> Korean (AK)                | <input type="checkbox"/> Hawaiian (PH)                      |
| <input type="checkbox"/> Laotian (AL)               | <input type="checkbox"/> Samoan (PS)                        |
| <input type="checkbox"/> Cambodian (AM)             | <input type="checkbox"/> White Non-Hispanic (W)             |
| <input type="checkbox"/> Vietnamese (AV)            | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Filipino (F)               |   |
| <input type="checkbox"/> Black/African American (B) |   |