

IDA Intake Part 2: Client Info

We ask all clients the following questions about language, race, disability, gender, and other lived experiences. IDA providers use this information to improve services in our communities and understand who is able to access IDAs. Your answers do not affect your eligibility and are confidential. Your individual answers are not shared with local, state, or federal government.

For this form in other languages, please contact your IDA coordinator.

Date: _____ Name: _____

Language

1.1. What language(s) do you use at home?
(Select **ALL** that apply, and/or write a response.)

- ☐ English
 - ☐ Spanish
 - ☐ Russian
 - ☐ Vietnamese
 - ☐ Somali
 - ☐ Arabic
 - ☐ American Sign Language
 - ☐ Other language(s) – please list **ALL**:
-

1.2. What language would you prefer for speaking with IDA staff? (Select **ONE**.)

- ☐ English
 - ☐ Spanish
 - ☐ Russian
 - ☐ Vietnamese
 - ☐ Somali
 - ☐ Arabic
 - ☐ American Sign Language
 - ☐ Other language – please list **ONE**:
-

1.3. What language would you prefer for reading IDA documents, forms, or materials? (Select **ONE**.)

- ☐ English
 - ☐ Spanish
 - ☐ Russian
 - ☐ Vietnamese
 - ☐ Somali
 - ☐ Arabic
 - ☐ Other language – please list **ONE**:
-

1.4. If you use a language other than English: How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all
- ☐ Don't know
- ☐ Don't want to answer
- ☐ Not applicable, because English is my primary language

Race & Ethnicity

2.1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

2.2. Which of the following describes your **racial or ethnic identity?** (Select **ALL** that apply.)

Hispanic and Latino/a/x:

- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/a/x

Native Hawaiian and Pacific Islander:

- ☐ CHamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander

American Indian and Alaska Native:

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central, or South American

Black and African American:

- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
- ☐ Other Black

Middle Eastern/North African:

- ☐ Middle Eastern (*Includes: Bahrain, Cyprus, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, Yemen. Afghanistan is considered Middle Eastern by some.*)
- ☐ North African (*Includes: Algeria, Libya, Egypt, Morocco, Tunisia*)

Asian:

- ☐ Asian Indian (*Includes: Asian Indian, Bengali, East Indian, Punjabi*)
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian (*Includes: Bangladeshi, Bhutanese, Maldivian, Nepali, Pakistani, Sri Lankan. Afghan is considered South Asian by some.*)
- ☐ Vietnamese
- ☐ Other Asian

White:

- ☐ Eastern European (*Includes: Albania, Armenia, Azerbaijan, Estonia, Georgia, Hungary, Latvia, Lithuania, Moldova, Romania. Afghanistan is considered Eastern European by some.*)
- ☐ Slavic (*Includes: Bosnia and Herzegovina, Bulgaria, Belarus, Czech Republic, Croatia, Macedonia, Montenegro, Poland, Russia, Serbia, Slovakia, Slovenia, Ukraine*)
- ☐ Western European (*Includes: Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom*)
- ☐ Other White

Other:

- ☐ Other – please list **ALL**:
-

- ☐ Don't know
- ☐ Don't want to answer

Functional Difficulties

3.1. Are you **deaf** or do you have **serious difficulty hearing**?

- ☐ Yes
☐ No
☐ Don't know
☐ Don't want to answer

3.2. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

- ☐ Yes
☐ No
☐ Don't know
☐ Don't want to answer

3.3. Do you have **serious difficulty walking or climbing stairs**?

- ☐ Yes
☐ No
☐ Don't know
☐ Don't want to answer

3.4. Because of a physical, mental, or emotional condition, do you have **serious difficulty concentrating, remembering, or making decisions**?

- ☐ Yes
☐ No
☐ Don't know
☐ Don't want to answer

Gender

4. What is your gender? (Select **ALL** that apply.)

☐ Man ☐ Woman ☐ Non-binary ☐ Two-spirit ☐ Prefer not to say ☐ Prefer to write in: _____

Other Lived Experiences

5.1. If currently under age 26: Have you been in **foster care**?

- ☐ Yes
☐ No
☐ Decline to answer (or unknown)
☐ Not applicable, because I am age 26 or older.

5.2. All clients: Have you served in the **military**?

- ☐ Yes
☐ No
☐ Decline to answer (or unknown)

5.3. All clients: What is the highest **level of education** you have completed?

- ☐ Some K-12 School
☐ High School Diploma/GED
☐ Vocational School Diploma/Degree
☐ Some College (no degree)
☐ Associate's Degree
☐ Bachelor's Degree
☐ Graduate Degree
☐ Decline to answer (or unknown)

5.4. If enrolling in an Education IDA: Do you have a parent who **attended** or **graduated** from a four-year college or university?

- ☐ No
☐ A parent attended (but did not graduate)
☐ A parent graduated (with a Bachelor's degree)
☐ Decline to answer (or unknown)
☐ Not applicable, because I am not enrolling in an Education IDA.

5.5. If enrolling in a Home Purchase IDA: Do you currently live in public housing, or receive housing assistance like Section 8?

- ☐ Yes
☐ No
☐ Decline to answer (or unknown)
☐ Not applicable, because I am not enrolling in a Home Purchase IDA