

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**What COUNTY do you live in?**

- Antrim
- Benzie
- Grand Traverse
- Kalkaska
- Leelanau
- Wexford
- Other

**Ethnicity**

- Hispanic or Latin American
- Not Hispanic or Latin American
- Unreported

**Gender Identity**

- Male
- Female
- Transgender Male/Female to Male
- Transgender Female/Male to Female
- Other
- Choose not to disclose

**5.) YES or NO Questions**

Are you a U.S. Military service veteran?	YES	NO
Are you homeless?	YES	NO
Are you a migrant?	YES	NO
Are you a Seasonal Agricultural Worker?	YES	NO

**5.) How many people are in your TAX FILING household?** \_\_\_\_\_

**6.) What is the estimate of your MONTHLY household income?** \$ \_\_\_\_\_

**7.) What Pharmacy do you currently use?** \_\_\_\_\_  
LOCATION OF PHARMACY \_\_\_\_\_

**8.) Please provide us with your email address for our Web Portal:** \_\_\_\_\_

**Race**

- American Indian or Alaska native
- Asian
- Black / African American
- White
- Other race \_\_\_\_\_
- Other Pacific Islander \_\_\_\_\_
- Unreported

**Language**

- English
- Indian (includes Hindi and Tamil)
- Other
- Russian
- Spanish

**Sexual Identity**

- Lesbian or Gay
- Straight (not Lesbian or Gay)
- Bi Sexual
- Something else
- Don't know
- Choose not to disclose