

L2F Household Member Form

****Head of Household Full Name:** _____

* Household Member Last name: _____

* Household Member First name: _____

* Date of Birth: ____/____/____ Estimated? Y N

* **Gender Identity:** Male Female Non-binary Other Prefer Not to Answer

* **Relationship to Head of Household:**

- Spouse Child Parent Sibling Grandchild Grandparent Other Relative
 Boyfriend/Girlfriend Friend Common-Law Partner Other Ward Roommate

* **Ethnicity (Select all that apply):**

- Alaska Native, Aleut or Eskimo American Indian / Native American Asian Black / African American
 Hispanic / Latino Pacific Islander Middle-Eastern / North African White/Anglo
 Other Prefer Not to Answer None Don't Know
-

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